A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA COUNSELLORS IN DEVELOPING COUNTRIES

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Statement of Authorship and Sources

This thesis contains no material published elsewhere or extracted in whole or in part from a thesis by which I have qualified for or been awarded another degree or diploma.

No parts of this thesis have been submitted towards the award of any other degree or diploma in any other tertiary institution.

No other person's work has been used without due acknowledgment in the main text of the thesis.

All research procedures reported in the thesis received the approval of the relevant *Ethics/Safety Committees (where required).*

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"For I know the plans I have for you, says the Lord. They are plans for good and not for disaster, to give you a future and a hope" (Jeremiah 29:11).

Abstract

The vast majority of training for para-counsellors and community workers who facilitate trauma recovery programs in Uganda and Sri Lanka is based on Western developed conceptual frameworks and techniques that tend to strengthen the resilience of the individual. Yet little known research is available to determine how the gained knowledge and skills through individualistic-oriented training programs are adapted in practice within collective-based contexts where the clients have experienced enduring political violence and civil warfare. Specifically, this research aims to identify how trauma counselling trainees understand, cope and adapt counselling skills and strategies that are designed within a different cultural framework to their own.

The researcher adapted an ethnographic case study design. Two case studies were selected. One case study was conducted in Uganda. The second case study was conducted in Sri Lanka. The participants in each of these studies were purposefully selected from among three cohorts of para-counsellors who participated in training programs that were conducted by the researcher in collaboration with local organisations and counsellors in these two countries.

Data were collected through a variety of data gathering strategies: interviews with three samples of trainees, examination of cultural artefacts nominated or described by the trainees to represent their trauma experience, observations of the trainees during training sessions, the analysis of the training documents, the diaries produced by the trainees and the researcher's diary. Data were entered, analysed and coded using the NVivo computer program. Initial readings of the data enabled the researcher to create wide-ranging codes. Then, an iterative process was employed to develop narrower concept categories and sub-categories that were allocated descriptive titles derived from the researcher's conceptual memos. This facilitated engagement with the process of continuous meaning making to provide an understanding of the research participant's experiences.

The findings show that the trainees adapted some aspects of the therapeutic approaches and tools of counselling gained during their training that were more consistent with collective social harmony, particularly in Uganda; for example, the para-counsellors de-emphasise probing but encourage storytelling as a form of selfdisclosure. A similar adaptation was not observed in Sri Lanka. The para-counsellors

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here tend to implement the learned trauma-counselling strategies in similar ways to their Western colleagues. The Ugandan clergy de-emphasise their previous understandings of trauma, illness and adversity as being related to the religious viewpoints that underpin African Tribal Religion. However, they encourage the use of Psychoeducation as a therapeutic tool of counselling that explains trauma in terms of neurobiology.

The trauma recovery education program would benefit from continuing to facilitate the trainees' self-disclosure, using the selected therapeutic tools of counselling, as they were generally found to result in their personal growth, assist them in symptom reduction and decrease their distress. Equal numbers of male and female participants may constitute a shift in male dominance and may lead to greater self-disclosure and female participation. Also, the trauma recovery education program may be more beneficial to the trainees if it includes less Western theoretical knowledge and more content that aligns to the trainees' life experiences and needs, especially in adapting the selected counselling tools to fit the collective value of social harmony in trauma recovery. This may be achieved through role-plays of family situations where several family members exhibit trauma symptoms and behaviours that interfere with their capacity to function in their socially assigned roles.

Key Words: trauma recovery education program, trainees, trauma, recovery, culture, individual, collective.

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RESEARCH PORTFOLIO APPENDIX

List Of Abbreviations

ACCS	Advisory Consortium on Conflict Sensitivity
AI	Amnesty International
APA	American Psychiatric Association
APS	Australian Psychological Society
ASR	Acute Stress Response
ATR	African Traditional Religion
CA	Cultural Artefacts
CBT	Cognitive Behavioural Therapy
DSM	Diagnostic and Statistical Manual of Mental Disorders
EFT	Emotionally Focused Therapy
EMDR	Eye Movement Desensitisation and Reprocessing
IDP	Internal Displacement Camp
LTTE	Liberation Tigers of Tamil Eelam
NGO	Non-governmental Organisation
NT	Narrative Therapy
ORPC	Online Readings in Psychology and Culture
PP	Positive Psychological Therapeutic Approaches
PTSD	Post Traumatic Stress Disorder
SUDS	Subjective Units of Distress Scale
TF-CBT	Trauma-Focused Cognitive Behavioural Therapy
TREP	Trauma Recovery Education Program
UBOS	Ugandan Bureau of Statistics
UCA	Uganda Counselling Association
UN	United Nations
WHO	World Health Organization

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CHAPTER 1

"Each of us can bolster this sense of societal responsibility by making sure that the emotional impact of trauma is neither minimized nor forgotten..." (McCammon, 1999, p. 118).

"A person without a culture is a slave" (Swahili proverb) (BBC News Africa, 2014).

Introduction

The cultural transferability of the Western developed trauma recovery education program (TREP) to the post-war countries of Uganda and Sri Lanka is not known. As a cross-cultural trainer, it is clear that these countries appear to embrace a very different cultural value system to my own. My Anglo-Australian value system is individually based, where ideals of personal independence tend to predominate. This appears to be at odds with the collective-based value system operating in these two countries that I am trying to educate about trauma recovery, where ideals of interdependence and social harmony appear to predominate.

Accordingly, my observations in the field indicate that the Western therapeutic approaches and tools of counselling that underpin the TREP might not be tailored to meet the needs of trainee trauma counsellors (hereafter referred to as trainees) in these two societies. The research described in the following chapters attempts to discover how the trainees experience and implement the TREP in their communities by investigating this previously unexplored aspect of cross-cultural trauma recovery training. The aim is to better understand what constitutes a culturally responsive TREP. However, it is important to first understand the background and impetus for this study and this will be explained in the following sections.

Invitations to Developing Countries

Invitations to the two developing countries of Uganda and Sri Lanka arose at different times. Travel to Uganda arose in response to an invitation from the Anglican Archbishop of the Church of Uganda, East Africa and from Mrs Vivian Kityo, Director of Wakisa Ministries. In July 2004. a team of five clinical counsellors and trainers travelled to Kampala, Uganda to conduct a TREP for para-counsellors originating from Uganda, Rwanda, Sudan and Democratic Republic of Congo. As senior lecturer in a Masters of Counselling program in Sydney, Australia I was a

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member of the trauma training team. Since then I expanded the TREP and have personally conducted it during yearly visits to Uganda. Further, in 2010 at the invitation of Uganda Christian University, I taught a module titled, Crisis, Trauma and Grief Counselling to students enrolled in a Masters of Counselling Psychology program.

Travel to Sri Lanka arose in response to an invitation from Mr Robert Silva, Director of a non-government organisation (NGO) called, *Connect for Life*. Robert and I met during his years of study in the *Masters of Counselling* program in Sydney, Australia where I was one of his lecturers. In 2011, following nearly thirty years of civil war in Sri Lanka that ended in 2009, I trained para-counsellors using the TREP. Since then I have conducted the TREP during twice-yearly visits to Sri Lanka.

Thus, Uganda and Sri Lanka were selected as convenience samples in this research, given my previous relationship with providing training in these two countries that have suffered recent traumatic events as direct outcomes of civil wars.

The TREP (see Appendix A) that has been conducted in Uganda and Sri Lanka contains a dynamic curriculum designed to adapt to the needs of each diverse cohort of trainees. Conducted over a three-day or four-day time period (depending on the needs for an interpreter) the TREP draws primarily on selected Western developed therapeutic approaches and tools of counselling. The specific therapeutic approaches and tools of counselling used in the TREP were chosen for several reasons that will be delineated in chapter 3 with an explanation for their inclusion.

Impetus for the Research

The foundational cultural values in both Uganda and Sri Lanka appeared to include a focus on interdependence and connections with extended family members. It is well known that the South Asian concept of a family unit (that includes Sri Lanka) comprises extended family members such as grandparents, uncles, aunties, and cousins (Thandi, 2012). Interdependence, within the extended family and social harmony, appeared to be esteemed and valued, as distinct from the Western concept of personal independence and the centrality of a nuclear family (Thandi, 2012). This interdependence is considered by researchers to constitute a collective society (Abraham, 2005; Assanand, Dias, Richardson, & Waxler-Morrison, 2005) where the wellbeing of the extended family takes precedence over the wellbeing of the individual (Haj-Yahia & Sadan, 2008). This concept of interdependence appeared to

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be distinctly different from the values espoused in the TREP developed in the context of Anglo-Australian individualistic societal values. Even though the extended family may be important to a Westerner, it is largely based around the concept of the nuclear family as a social unit (Gilbert, 2006) and "the ties between individuals are loose: everyone is expected to look after himself or herself and the immediate family" (Hofstede & Bond, 1991, as cited by Kim, 1995, p. 4). I was curious about the influence of these cultural differences on how trainees experienced the TREP that was developed within a Western value context.

The following observations and events further illustrate several cultural disparities that appeared during the delivery of the TREP. These aroused my curiosity regarding the cultural responsiveness of the Western value-based TREP.

An encounter with bewitching.

Located about an hour's drive from Kampala, the capital of Uganda, I taught adult university students from various cities, towns and villages scattered throughout Uganda about crisis, trauma, grief and loss. After a session on crisis assessment, I decided to demonstrate a counselling assessment interview and asked for a volunteer counsellee. The counsellee's presenting problem shocked and nauseated me. The problem is recounted below in Extract 1.

Uganda Journal Entry: 6 May 2009

Towards the end of class I bravely volunteered to demonstrate a crisis-counselling interview and asked for a volunteer. The scenario was role-played by a woman who is presently encountering a widespread situation in her work. Her client was an elevenyear old girl whose presenting problem was that she wanted desperately to go to school. She would watch every day as her friends passed her house in their uniforms and she felt ashamed. Her younger sibling whom she had been close to was born with a deformity. She died a couple of months ago at the hands of her father. He tied her to a tree, called her a no-good cripple, refused to give her any food, and beat her to death. Her naturally distraught mother hated her husband so she left the house to go into the village to find the local witchdoctor who cursed or "bewitched" her husband as they say in African vernacular. He died of sickness a few days later. So this elevenyear old girl had witnessed the death of her sister at the hands of her father and the death of her father at the hands of her mother. Her mother had now left the family to find money and only returned occasionally, leaving the young girl to care for her siblings with next to no resources at her disposal. I was at a loss for words and opened the scenario for students to contribute to how to counsel in this situation. The previously composed students became animated and interjected strong opinions as the story unfolded. Fear registered on many faces and I almost lost control of the classroom. I was soon to learn from direct conversations with students that the topic of bewitching engendered intense fear throughout Uganda. This encounter was dissimilar to anything I had experienced while teaching in a post-graduate counselling course in Australia. I began to observe how bewitching appeared to permeate Ugandan and African culture in general. Therefore, I was confronted with a huge cultural disparity between my culture and the trainees' culture and I had no idea how to address it.

An encounter with laughter and tears.

Not long after this incident, I was conducting a TREP session with couples in Uganda when my observations stimulated my thinking on cultural differences. During the TREP an exercise, on the impact of family background on the couple relationship, involved individuals drawing their family-of-origin home, dwelling or village. The drawings were then shared with the group. I observed that Ugandans love to tell stories. The exercise spread over the whole day with each trainee taking more than an hour to divulge his or her story.

Furthermore, there were two other observations relating to culture. The first was that when participants shared their drawings and spoke of painful things, other trainees laughed. I tentatively told the group that in my culture laughing at another's pain would be considered hurtful but in Uganda this laughter appeared to be significantly different. Therefore, I would be grateful if they could explain what their laughing meant. One man became the spokesperson for the group and specified, "Laughter means we understand...and are with you." When asked about this response the researcher learned that Ugandans laughed when they were sad, puzzled, uneasy, angry, embarrassed, or grieving (Chen & Huat, 2007). Hence, laughter at another's pain appeared to signify solidarity. I puzzled over this apparent dissimilarity to my culture.

The second observation involved the same exercise. A large Ugandan man wept while sharing his story. He conveyed that, "African men are not allowed to cry." When I asked him why African men were not allowed to cry, he conveyed to the

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group that in his culture a man's tears were viewed as a sign of extreme weakness and would attract contempt from his fellow Ugandans. Yet in the workshop he appeared to be comfortable expressing his tears. When I inquired about this several participants said that the TREP was a safe place where they did not feel judged.

These two observations caused me to contemplate my Anglo-Australian perceptions of culture and once again I began to wonder how many other cultural discrepancies I failed to understand, that influenced how the TREP was first experienced and how trainees in their counselling role in their own communities implemented it.

An encounter with leisure.

As this awareness of cultural differences increased, I began to reflect on previous trainings that I had facilitated. I remembered that I had just finished teaching a session on trauma. Psycho-educational tools had been employed to explain how trauma affected the brain and the nervous system. It was explained to trainees how symptoms of traumatic stress were "...persistent symptoms of increased arousal" of the autonomic nervous system accompanied by hyper-arousal that involved "excessive sympathetic branch activity" (Siegel, 1999, p. 254). The Psychoeducation focused on how symptoms of hyper-arousal exhibit as increased blood pressure, increased heart rate and a slowing down of digestion. I explained that traumatised trainees needed to adopt relaxation activities to deactivate the sympathetic nervous system and activate the parasympathetic nervous system in order to give their bodies an opportunity to "rest and digest". This would likely reduce troubling hyper-arousal symptoms. Trainees reported that they had previously believed the concept of leisure to be a Western notion that failed to apply to their culture where social norms comprised the value of persistent hard physical work. However, I observed during verbal feedback requested at the close of one TREP held in Gulu, northern Uganda that many participants verbalised that they had now begun to view leisure as a crucial part of the healing process.

As a result of this observation the question arose: Are there other cultural disparities of which I am unaware? I wanted to know how trainees understood, adapted or discarded counselling skills, tools and strategies that were designed within a Western cultural framework that was different to their own. I also desired to understand if there were more culturally appropriate trauma and recovery concepts

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and insights that I might learn from participants to incorporate into the TREP to make the training more responsive to their local communities.

An encounter with saving face.

A further observation regarding cultural disparities piqued my curiosity: the concept of saving face. In Sri Lanka, saving face for oneself or others in social situations is closely aligned with honour and self-respect and appeared to be extremely significant. This observation was formed during the first TREP I conducted in Sri Lanka. There was a team of five young people at my disposal who attempted to guess my every need without asking me what I wanted. Before the TREP commenced, they prepared and printed booklets in Tamil that were loosely based on session content. However, I was not consulted on the content. Thus, confused trainees were unable to follow the thread of training in their booklets because the content did not align with the sessions. Despite this, I intuited that team members would be distressed if this was brought to their attention. Therefore, I was silent on the matter.

A further incident reinforced this observation. On another visit to Sri Lanka, the schedule of training and counselling was punishing for me to the point of exhaustion. I mentioned this to the organiser and told him how I was not handling the constant pressure well and if he wanted me to keep returning, he would need to pace the workload in order for me to exercise self-care. Upon reflection, speaking one's mind is considered normal in an individualistic society (Hofstede, 2011) but was too blunt for a Sri Lankan, who lost face in the communication by being placed in an awkward position. He became very vague, quiet and avoided eye contact. Only later, when I pressed him to talk about the incident over a meal did he convey his experience. He explained that as I was only in Sri Lanka for a short time period he surmised that I would desire as many teaching and counselling opportunities as possible. In the end the encounter was productive but I learnt from this encounter that Sri Lankans and Anglo-Australians tend to communicate differently. I wondered how the need to save face would influence both the training environment and counselling sessions.

Reflecting on Disparity

Reflecting on these observations that occurred in Uganda and Sri Lanka provoked a search to discover how trainees both experience and utilise the Western developed TREP in their counselling role in their own communities. The apparent cultural differences deeply resonated within me as I have often felt like an outsider in other

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cultures, not knowing whether local communities possess their own timeworn strategies to effectively deal with their distress. Therefore, I was curious to understand how trainees in Uganda and Sri Lanka connected with, and implemented ideas, skills and strategies regarding trauma and recovery that are designed within a Western cultural framework that is different to their own. I wanted to understand the distinctive local knowledge and cultural competency that was required by an Anglo-Australian trainer to adequately train local para-counsellors that appeared to be as traumatised as those they were trying to help.

Socio-Cultural-Political-Religious Contexts

To determine how the TREP is experienced and implemented by seemingly collective-based societies of Uganda and Sri Lanka it is important to understand their history and post-war socio-cultural-political-religious contexts. These are described in the following sections.

Post-war Uganda.

Demographics.

Uganda is situated in sub-Saharan East Africa and is divided into a large number of ethnic and tribal groups with varied dialects, values, traditions and belief systems. The majority of Uganda's population live in rural areas (see Table 1). One of the poorest countries in the world, Uganda retains a particularly high incidence of poverty compared to other African countries. More than 60% of the population live below Uganda's official rural poverty line (Uganda Bureau of Statistics (UBOS) and Macro International Inc., 2007) with per capita annual income consisting of US\$340 (World Bank, 2009).

Table 1

Ugandan Demographics							
Population living in rural areas	85%						
Average family size	6.7 children per woman						

Note. From Uganda Bureau of Statistics (UBOS) and Macro International Inc., 2007.

Uganda has many ethnic groups and the major groups. This study concerns the Acholi ethnic group. Acholiland is the historical homeland of the Acholi who possess

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an ethnic identity that is inherited from their fathers. Gulu District is the economic capital of Northern Uganda. The driving distance from Kampla, the capital to Gulu is approximately 340 kilometres. The population is approximately 600,000 (including surrounding Districts) (UBOS, 2007). Spoken languages include Luo (primarily), Swahili, English and Luganda (UBOS, 2007).

Religion.

East Africans are inherently religious. Every Ugandan tribe possesses its own religious system that consists of "a set of beliefs and practices" (Mbiti, 1969, p. 1). According to the Australian Government, Department of Foreign Affairs and Trade (2012), the Christian religion predominates at 66% of the population (almost equally divided among Roman Catholics and Protestants, including a small percentage of other Christian religions the Church of Jesus Christ of Latter-Day Saints, Seventh-Day Adventist, Jehovah's Witnesses, the Unification Church, and Pentecostal churches). Next is the professed belief in local religions (such as African Tribal Religion (ART) and animism) or no religious affiliation at 18%. Muslims make up 16% of the population (see Table 2).

Table 2

Ugandan Religions

Christian	66% (90% of which is almost equally divided among Protestants and Roman Catholics and 10% other Christian religions)
Professed belief in local religions (such as African Tribal Religion (ATR) and animism) or no religious affiliation	18%
Muslims	16%

Note. From Australian Government, Department of Foreign Affairs and Trade, 2012.

The Acholi are primarily Protestant and worship God as the Supreme Being (WHO, 2011). This is often combined with ancestor worship entailing the offering of foodstuffs to protect the living from illness and ensure good hunting (United Nations (UN), 2011). Death rituals are performed with a strong belief in the afterlife where the spirit lives on in the hand of Creator Spirit (UN, 2011).

Brief History.

Uganda's history is peppered with internal conflicts. Some writers trace the origins of the recent civil war to a deeply rooted mistrust instilled by British colonialists. From 1894 to 1920 (Kasozi, 1994), the division of labour caused the south to become more developed leaving the north impoverished and resulting in a divided country (Advisory Consortium on Conflict Sensitivity (ACCS), 2013). Northern Uganda favoured "tribal - not regional political identity in Ugandan politics" (Branch, 2010, p. 26) and the British preference for recruiting soldiers and police from the Acholi tribe led to marginalisation and reinforced stereotypes of the Acholi as warriors. This further strengthened north/south ethnic divides (Jeal, 2012).

Uganda gained independence in 1962. After independence, Obote's first regime from 1962 to 1972 relied on the Langi and Acholi people to stay in power, as they constituted the majority in the armed forces and political offices (Advisory Consortium on Conflict Sensitivity (ACCS), 2013). However, when Idi Amin seized power in a military coup in 1971, the Langi and Acholi ethnic groups were targeted for mass killings (Advisory Consortium on Conflict Sensitivity (ACCS), 2013). Amin's reign of terror lasted until 1979 when Obote began his second regime from 1980 until 1985. The National Resistance Army/Movement (NRA/M) seized power in 1986 installing Museveni as President. Immediately, Museveni quelled uprisings in Northern Uganda with military force and was accused of committing major human rights abuses (Refugee Law Project, 2014). The resulting Acholi grievances towards the government fester to this day.

Currently Uganda is recovering from an enduring civil war that began in Acholiland in the northern regions of the country (Figure 1) in 1987 by a selfproclaimed prophet, Alice Lakwena. Lakwena launched an insurgency called the Holy Spirit Movement. In 1988, Lakwena's cousin, Joseph Kony headed a rebel group called the Lord's Resistance Army (LRA) who claimed to be fighting the Ugandan government for politically neglecting the north. Kony's original goal was to cleanse the nation by succession from President Museveni and run the country according to his "political party's" vision of politics and Christianity (Blattman, 2009; BBC News Africa, 2012). Kony's aim was "to establish a theocratic government in Uganda based on the Christian Bible and the Ten Commandments" (Veit, n.d.).

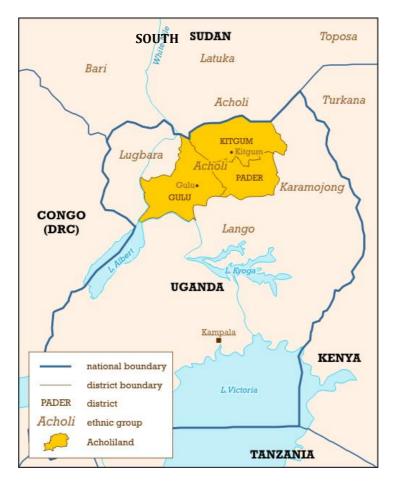


Figure 1. Map of Acholiland, Northern Uganda (Simmons-Stern, 2013).

However, Kony and his rebel group waged a war of terror and perpetrated heinous atrocities on the Acholi population. Nordstrom (1992, cited in Finnström, 2008, p13) called it a "dirty war" for in this type of warfare, "civilians, rather than soldiers, are the tactical targets, and fear, brutality, and murder are the foundation on which control is constructed." Nordstrom also named it "terror warfare" that "focuses less on killing the physical body than on terrifying the population as a whole into, the military strategists' hope, cowed acquiescence. Strategic murder, torture, community destruction, sexual abuse, and starvation become the prime weapons in the arsenal of terror warfare" (p. 13). Perhaps this was part of the ideology behind the many reports of rapes and mutilations such as cutting off the lips and breasts of women.

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Nordstrom (2004) suggests that predetermined notions of political violence tend to shape how armed violence is viewed. Therefore, when armed groups such as the LRA use violence in ways that differ from these predetermined notions, it is declared meaningless and senseless (Nordstrom, 2004). Other writers question whether political matters play a less tangible role in the war (Farmer, 2005; Finnström, 2008; Mamdani, 2001). However, while the war raged during the 1990's, the rest of Uganda flourished while the north fell into social and economic devastation (Government of Uganda, 2007). It has been claimed that President Museveni had a clear regional bias against northern Uganda by marginalising the north with his "reluctance to negotiate during peace talks" and making his government "as responsible as LRA violence for prolonging the conflict and contributing to existing regional instability" (Norris, 2014, pp. 2-3).

It is speculated that the war was used to disrupt the Acholi ethnic identity and prevent any political obstruction from the north (Branch, 2010). Even though lack of Acholi mobilisation was blamed for the perpetuation of the war, Branch (2010) believes this suited government interests. Nevertheless the government promotes that, "Every person has a right to belong to, enjoy, practice, profess, maintain and promote any culture, cultural institution, language, tradition, creed or religion in community with others" (Disability Rights Education and Defense Fund, n.d.). Notably, it is argued that official discourses misrepresented the northern Ugandan war as underpinned by local ethnic attitudes and politics (Farmer, 2005; Finnström, 2008; Mamdani, 2001) as opposed to alternate interpretations (Finnström, 2008).

Nonetheless, as is the case in most civil wars, innocent civilians are among the victims. The war ended in 2006 when the government and Kony reached a fragile peace agreement (Blattman, 2009) after political violence and civil warfare raged for close to twenty years. The war left a decimated society in its wake. Traumatic stress, loss and grief in northern Uganda have been unrelenting and still persist in the aftermath of war (Isis-WICCE, 2001, 2006a, 2006b). The fallout is incalculable.

Moreover, an Acholi clergyman anecdotally claimed that the war has dismantled traditional leadership and care-giving structures of Acholi society. He claimed that the Acholi no longer enjoy the societal rites, rituals, customs and ceremonies, along with previously accepted mores and procedures for justice and healing that intrinsically bound them together. Instead of exploring how these might be reinstated as collective

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modes of healing, the West has largely filled the gap with Western solutions and intervention strategies (Finnström, 2008). This poses the question: might the Acholi people benefit from re-establishing local societal structures and connections as opposed to Western developed interventions? Perhaps the Western individualistic values may inadvertently foster isolation and harm those they are trying to help (Finnström, 2008).

Children at war.

Thousands of children were abducted by the LRA making them one of the greatest casualties of the war and resulting in an entire generation of traumatised children. Pham, Vinck and Stover (2007) claim, "Our research shows that Kony and his henchmen abducted as many as 38,000 children and 37,000 adults into his rebel army over the past 11 years" (p. 3). Anecdotal sharing during a TREP disclosed how Kony's abduction tactics often appeared to include forcing children to witness the killing of their family and their neighbours or forcing the children to actually perpetrate the killing, thereby making it impossible for them to return to their village. Pham, Vinck and Stover (2007) confirm this by adding that children were typically terrorised into fighting for Kony. The children became virtual slaves, forced into becoming guards, concubines and soldiers (Amnesty International, 2007). They were beaten, raped, forced to march until exhausted and made to kill other children who attempted to escape (GlobalSecurity.org, 2012). AI reported that without child abductions, the LRA would have few combatants (GlobalSecurity.org, 2012). Even if the children managed to escape or were rescued, they most likely will never experience a normal childhood after witnessing such horrors and their lives will never be the same again (Krafczyk, 2011).

Internal displacement camps.

In addition to the results of extensive physical and sexual violence in northern Uganda, in 1996 (and later in 2002) the Ugandan government ordered the entire Acholi civilian population residing in northern Uganda into "protected camps" (labelled *Internally Displaced Persons* or IDP's) within 48 hours with little or no consultation (AI, 2007). Nonetheless, the Acholi people were not refugees of war. They did not flee for their lives but were involuntarily forced into the camps by a campaign of military terror (Izama & Wilkerson, 2011). Government soldiers burned down villages and were responsible for murder, torture, rape threat and bombing (AI,

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2007). Over the years the reign of terror on the camps continued to cause havoc. Citizens were forced to live in squalid, unprotected environments. It has been estimated that, at the height of the displacement, around 2 million (10% of the entire population) lived in the squalor of the camps and that around 1,000 people died each week as a result of disease and/or poverty (AI, 2007). The camps alone constituted a massive humanitarian crisis.

Notably, Western aid and interventions within the camps failed to stimulate initiative and recovery, instead fostering dependency and cynicism (Pommier, 2014). An apparent lack of coordination by Non-Government Organisations (NGO's) in the relief effort exacerbated the dilemma (Pommier, 2014). Thus, due to the complexity of political violence and civil warfare in northern Uganda, concern arises as to whether Western individual-based interventions might have caused greater distress to an already suffering population. Thus, it is necessary to establish what actually helps, and what harms, this ostensibly collective-based society in order to develop responsive training for trauma counselling.

Health and wellbeing.

The after effects of the war in Northern Uganda are poor health and wellbeing. Northern Uganda has the highest prevalence rate of HIV/AIDS at 10.5% (the national average is 6.4%), the lowest rate of contraceptive use at 12% (the national average is 23%) and a high rate of abortions and unwanted pregnancies (one in every five pregnant women in northern Uganda carries out an abortion and 50% of pregnancies are unwanted (WHO, 2006). Primary health issues faced by survivors include HIV/AIDS, gynaecological problems resulting from the trauma of sexual violence, and lack of access to antenatal care. As a result, survivors of sexual violence struggle with high levels of mental illness and traumatic stress (Isis-WICCE, 2001, 2006a, 2006b; WHO, 2006). In the current post-war environment, the international community is attempting to acknowledge the needs of survivors by the delivery and access of medical and social services to victims of northern Uganda (Pham, Vinck, & Weinstein, 2010).

The concept of counselling.

The word "*counselling*" did not exist in the Acholi vernacular during the twentieth century. Mrs Kityo, from Wakisa Ministries, stated that in the early 2000's, counsellors realised that, "*trauma counselling was something really crucial, but it*

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was new to us. "The Western concept of counselling actually meant "*people-helper*" and the title of "*counsellor*" was "loosely used to mean anyone who has undergone counselor [sic] training ranging from 3 days to 3 years. It is difficult to differentiate between a professional counselor and one who is trained in a few basic counseling skills" (Senyonyi, Ochieng & Sells, 2012, p. 501). Now the title "*counsellor*" referred to those who had competed a formal counsellor education program and the prescribed number of supervised counselling hours. Those who had completed a University Masters program with a supervised practicum were termed "*counselling psychologists*" (p. 501). People helpers who had no other formal training would be described as "*para-counsellors*" (p. 501).

The Uganda Counselling Association (UCA) was established in 2002 as an NGO designed to offer training guidelines, assistance in ethical practice and the development of the counselling profession (UCA, 2010, as cited by Senyonyi et al., 2012, p. 501). Thus, there was a growing recognition of the need for formal counsellor training and supportive systems for trained counsellors and this would likely influence trainees' expectations.

Lastly, as a member of the international community and a Western trauma trainer, I am mindful of the complexity of Uganda's history and current post-war context because it is well known that trauma can seriously affect the capacity to lead a normal adult life (Sutker, Uddo-Crane, & Alain, 1991; van der Kolk, 2005). Hence, I wonder if the Western designed training of local para-counsellors is congruent with their collective-based culture as they likely have local solutions to trauma recovery.

Post-war Sri Lanka.

Demographics.

Sri Lanka is an island nation (see Figure 2). Formerly a largely agrarian society, Sri Lanka has recently endured one of the bloodiest and lengthiest civil wars in the world with more than 70,000 deaths. The war lasted for approximately twenty-six years, beginning July 1983 and ending May 2009. In its wake people are dealing with loss of loved ones, severe traumatic stress responses and significant human rights abuses. It is difficult to obtain accurate statistics because towards the end of the civil war the Sri Lankan government is believed to have expelled foreign independent witnesses from the country (Tamil Guardian, 2012).



Figure 2. Map of Sri Lanka (http://thecommonwealth.org/ourmember-countries/sri-lanka).

Sri Lanka has distinct religious groups primarily related to ethnicity. The main religion in Sri Lanka is Buddhism comprising 70.2% of the population. Hinduism comprises approximately 12.6%, Islam approximately 9.7%, Christianity approximately 7.4%, and other minority religions or people no religious affiliation comprises approximate 0.1% (Australian Government, Department of Foreign Affairs and Trade, 2012) (see Table 3).

Table 3

By Ethnicity		By Religion	
Sinhalese	74.9	Buddhist	70.2
Sri Lankan Tamils	11.2	Hindu	12.6
Indian Tamils	4.2	Islam	9.7
Moors	9.2	Christian	7.4
Others	0.5	Other	0.1

Sri Lankan Population Composition (2012 Census)

Note. From Central Bank of Sri Lanka Statistics Department, 2013.

Northern Sri Lanka includes the districts of Jaffna, Mannar, Vavuniya, Mullaitivu and Kilinochchi, excluding the armed forces and police (Department of Census & Statistics-Sri Lanka, 2011). Sri Lankan Tamils live predominately in the North East and form the largest minority group (11.2%) apart from the majority Sinhalese (74%) (Department of Census & Statistics-Sri Lanka, 2011). Language in northern Sri Lanka consists predominately of Tamil-speaking locals with a primarily Sinhala-speaking police force (Department of Census & Statistics-Sri Lanka, 2011).

Religion.

Most Tamils practice Hinduism and a sizeable minority of Tamils are Christians (mainly Roman Catholic) (Department of Census & Statistics-Sri Lanka, 2012). Religious affiliation in northern Sri Lanka is displayed in Table 4.

Table 4

Sri Lankan Population of Northern Province by Religion 2012

Year	Hindu		Christ- ian		Muslim		Budd- hist		Other		Total No.
	No.	%	No.	%	No.	%	No.	%	No.	%	
2012 Census	789,362	74.56%	204,005	19.27%	34,040	3.22%	30,387	2.87%	968	0.09%	1,058,762

Note. From Department of Census & Statistics-Sri Lanka, 2012.

Brief history.

Similar to Uganda, Sri Lanka's history is peppered with unrest that began in 1815 due to colonisation by the British. The British unification of the island caused "social and political divisions related to caste and class" (Clarance, 2002, p. 42). Community tensions rose in 1911 when a Tamil from an ethnic and religious minority group (primarily of Hindu religion) won a parliamentary seat against a member of the majority Sinhalese ethnic group (primarily of Buddhist religion) that was part of the educated Ceylonese constituency (Clarance, 2002). By introducing universal suffrage in 1931 the British attempted to progress a unified island (Clarance, 2002). However, this was unsuccessful due to entrenched Sinhalese government representation that ignored minority Tamils. Perhaps British influence emphasised racial differences.

In 1948 Sri Lanka gained independence from British rule. When the British departed, tensions that had been simmering below the surface finally erupted because soon after independence, the majority Sinhalese government disenfranchised Indian Tamil plantation workers by denying them citizenship and voting rights (Clarance, 2002). Again, the voice of the minority Tamils was largely ignored. Consequently, the Tamils formed a political party in 1949 called the Federal Party.

Then in 1956 the government decided to endorse an act called the Official Language Act (more commonly known as the Sinhala Only Act). It was a provocative move that made Sinhala the official Sri Lankan language (de Silva, 1997). This was seen as discriminatory and resulted in increased political and ethnic hostilities between the Sinhalese and Tamil groups (de Silva, 1997). Increasing violent protests and riots ensued and inter-ethnic hostility intensified. The scene was set for a civil war.

It is well documented that the Sinhalese systematically marginalised the Tamil ethnic group and supported a war that raged for decades (DeVotta, 2004; Horowitz, 1985). The Tamil ethnic group fought for their cause, an independent homeland, under the banner of Liberation Tigers of Tamil Eelam (LTTE) (Sivathamby, 2006). The enduring political violence and civil warfare hurt the economy and hindered tourism in this beautiful and culturally diverse South Asian location. During the final phase of the conflict:

International concern was raised about the fate of civilians caught up in the conflict zone during the final stages of the war, the confinement of some

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250,000 Tamil refugees to camps for months afterwards, and allegations that the government had ordered the execution of captured or surrendering rebels. A UN report published in 2011 said both sides in the conflict, committed war crimes against civilians. The Sri Lankan government rejected this and later reports as biased (BBC News South Asia, 2014).

Thus, the aftermath of Sri Lanka's political violence and civil warfare is immense (see Photograph 1. that depicts the physical destruction of the war).



Photograph 1. Sri Lankan Destruction of War.

Internal displacement camps.

Hardship such as displacement, landmines and poverty endured by civilians in northern Sri Lanka is immeasurable. Many of the displaced were still living in Internally Displacement Persons (IDP's) three years after the war ceased. A report by Internal Displacement Monitoring Centre (IDMC) states that the government kept people from returning to their original land because of national security fears and landmines. Counselling for victims of war was also withheld for reasons of national security (Ilankai Tamil Sangam, 2012)

In the north, lack of freedom has been cited as a weapon of war perpetrated on civilians. As of 19 July 2009, Sri Lanka was detaining 281,621 displaced Tamil

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civilians in 30 military guarded camps "suggesting no freedom of movement, freedom of expression, and freedom from human rights violations...if anything, the situation for minority Tamils has deteriorated since the end of the conflict" (Thillainathan, 2010). The Tamils in IDP camps, established to house those displaced by the war, housed an overwhelming majority of women and "postconflict policy planning needs to take into account women's multiple and complex roles as war widows, household heads, perpetrators, peacemakers, and peace negotiators" (Bandarage, 2010).

Marginalisation.

In post-war Sri Lanka, instead of dealing with its inherent problems Sri Lanka morphed into an ethnocracy and the Tamil population were marginalised. The former President was Sri Lanka's unchallenged ruler and the Sinhalese majority voted for him believing he was instrumental in the ending of the civil war. In 2011, Sri Lanka was listed as one of the countries exhibiting a decline characterised by corrupt governance, lack of freedom of expression (including the press), lack of freedom of belief, lack of academic freedom, unequal application of the law, arbitrary detention, and human rights violations (Puddington, 2011). The people voted for President Maithripala Sirisena early in 2015 and his rhetoric states his desire to move his country forward. Observers are hopeful.

Health and wellbeing.

The health and wellbeing of the many victims of Sir Lanka's civil war are affected. Bandarage (2010) claims that, "Aggression and victimization need to be understood as occurring across ethnicity and gender as well as within ethnic and gender groups" (p. 653). Like Uganda, rape was employed as a weapon of war (Bandarage, 2010). Moreover, indicators of wellbeing in the aftermath of civil war are influenced by the country's socio-economic climate and the many needs are persuasive; for example, there is a need to unify differing ethnic and social groups, promote psychosocial healing, and assist in the rebuilding of social, economic and political institutions that have been decimated by war (Kumar, 1997).

The causes of civil war are nearly always political and represent failed systems and functions of governance (Kumar, 1997). Vulnerable and internally displaced groups need assistance, repatriation and resettlement. Mollica (2006) states that, "The cultural annihilation of a people occurs through a combination of material, physical, social, and psychological damage. There is no way to replace all the farmers, teachers,

engineers, and public administrators that have been lost" (p. 64). Thus, psychological trauma does not end with the finality of war but continues throughout post-war rebuilding of profoundly shattered lives and a devastated society. All this continues to affect the health and wellbeing of war victims.

The concept of counselling.

Counselling in Sri Lanka has existed for centuries primarily through religious institutions. There was a surge of psychosocial counselling services following the 2004 tsunami and at the time of writing NGOs were making concentrated efforts to address mental health and wellbeing in Sri Lanka (Perera-Desilva, 2015). Still, counselling, as it is understood in the West tends to be unfamiliar to the Sri Lankan Tamils because of the years spent surviving the war.

Thus, in the light of the profound needs of both Uganda and Sri Lanka, how do traumatised para-counsellors understand the recovery process in the context of their apparent collective-based value systems? To find an answer it is necessary to determine how local para-counsellors experience and implement the Western therapeutic approaches and tools of counselling that relate to the TREP in order to assist them in their unique and distinctive traumatised community.

The Research Problem

Culture and the trauma-training program.

The humanitarian crises and profound psychological trauma triggered by the civil wars in Uganda and Sri Lanka highlights the critical importance and urgency of evaluating the relevance and responsiveness of the Western developed TREP to local para-counsellors. A preliminary review of the literature revealed that non-Western societies such as Uganda and Sri Lanka tend to operate differently to Western societies as previously stated. Personal identity is primarily tied to the welfare and goals of the group, such as the extended family, as opposed to the individual (Weiten, Dunn & Hammer, 2011) and the restoration of social harmony is a valued ideal. These types of value-based systems of culture are termed *collectivism* in social psychology and relate to the manner in which certain human groups organise themselves and prioritise their goals (Burns, 1998). Contrastingly, individual-based societies such as Anglo-Australia tend to form a sense of identity that is tied to the individual and their personal goals. This is referred to as *individualism*. Both *collectivism* and

individualism are perceived to be based on value systems that are deeply rooted social norms.

In this study, the term *Western developed* refers to the fact that as an educator, clinician and researcher I am an Anglo-Australian from an individualistic-based system of culture. I have been trained in post-secondary higher educational Western institutions that incorporate knowledge and methods that include, but are not limited to, social workers, counsellors, psychotherapists, psychologists, psychiatrists and educators. Professional bodies such as the *Psychotherapy and Counselling Federation of Australia* (PACFA) typically regulate Western practitioners such as myself in terms of training standards, appropriate supervision and ethical practice (PACFA, n.d.).

Importantly, the value base of the Western developed TREP is individualistic in orientation. The TREP has been conducted in the developing countries of Uganda and Sri Lanka with an apparent collective-based focus. It is generally acknowledged that expressions of psychological distress and mental disorders are mediated by culture (de Silva, 2006; Drozdek, 2013; Wilson & Drozdek, 2004; Fabrega, 2006; Miller, Fernando & Berger, 2009; Miller & Fernando, 2008; Hinton & Lewis-Fernandez, Miller, 2010). However, the specific cultural influences and specific mechanisms involved receive less attention from the literature in the fields of trauma, psychology and sociology. Moreover, Marsella (2003) contends that most cross-cultural research is impervious to the experiences of ethno-cultural groups (such as Acholi, Ugandans and Tamil, Sri Lankans) and that discourses on psychopathology fail to consider the social context in which such training is designed, communicated, and experienced. Marsella states, "This is a serious problem, because decontextualization permits the researcher/clinician to assign their ethnocentric meanings and interpretations to the problems independent of the context in which they emerge and are sustained" (p. 2). Thus, the question arises: Can a TREP better assist local trauma counsellors in non-Western contexts if it contains content informed by local understandings of trauma and recovery?

What's the best they can hope for?

After several years of training para-counsellors in Uganda and Sri Lanka to help themselves and others in their traumatised communities I wondered about the usefulness of the TREP. After the first TREP I conducted in Uganda in 2004, my primary question was: what is the best that these people can hope for in healing due to

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the fact that most have experienced exposure to profound war trauma? This question still haunted me and loomed large whenever I delivered the TREP. If the Western standpoint is true, that sustained political violence and civil warfare results in serious disruption to adult life, the Acholi population in Uganda and Tamil population in Sri Lanka appeared to be doomed. However, I wondered if they possessed culturally therapeutic, traditional ways of healing from trauma that may be accessed for inclusion in the TREP.

Notably, Western writers define psychological trauma as a turning point event or series of events that is psychologically disrupting for an individual or a group (Hoff, Hallisey & Hoff, 2009). If so, what triggers such a turning point for the collective cultures of Uganda and Sri Lanka? If the event or series of events is believed to confront an individual and is substantial enough to overwhelm their usually effective psychological defensive system and coping strategies (Hoff et al., 2009), what is the result for these cultures? If the event or series of events has the potential to seriously disrupt life for an individual or group in terms of personality change, illness or potential mental health problems (Hoff et al., 2009), what does that look like in cultures with a different value-based system to my own and what facilitates their healing?

Thus, I thought about the following outcomes:

- 1. What sort of culturally specific training could be provided to genuinely assist trainee trauma counsellors in developing countries with a collective-based value system in their own trauma recovery?
- What sort of culturally specific training would assist the trauma-counselling trainees in developing countries with a collective-based value system to counsel other traumatised people in their communities?
 Sharing stories and realities.

Western colleagues were consulted over these questions but although some were experts in the field of Western psychological trauma, most were unaccustomed to dealing with the complexities of collective post-war contexts. Contrastingly, discussions with prominent local trauma trainers in Uganda and Sri Lanka produced anecdotal stories of how the TREP had helped trainees to function more adequately in daily life. These locals also attempted to explain how the trainees continued to use the knowledge and skills they learnt in the TREP to help others. However, their stories lacked concrete evidence.

Next, local para-counsellors in Uganda and Sri Lanka were consulted because they dealt with trauma on a daily basis. From these discussions my initial observations were that these societies are most likely aware of the acute psychological consequences of exposure to enduring political violence and civil warfare and are likely to possess their own traditional modes of expressing and seeking support in culturally specific ways. It is necessary for the TREP trainer to understand these ways.

Next, my attention turned to literature in the fields of culture and psychological trauma. I found that even though there were multiple studies on psychological trauma that focused on both the short and long term effects of trauma, most research was conducted with Western subjects. Equally, due to increasing incidences of political violence and civil warfare throughout the world there was an increase in investigation into how refugees and asylum seekers fleeing their countries in search of safe refuges (often Western countries) coped in a foreign culture with issues such as adjustment, assimilation and resettlement (Barowsky & McIntyre, 2010; Cardozo, Vergara, Agani & Gotway, 2000; Coffey, Kaplan, Sampson & Tucci, 2010; Hallas, Hansen, Staehr, Munk-Anderson & Jorgensen, 2007; Hollifield et al., 2002; Mollica et al, 2001; Rees, 2004; Rousseau, Mekki-Berrada, & Moreau, 2000; Schweitzer, Melville, Steel & Lacherez, 2006; Sinnerbrink, Silove, Field, Steel & Manicavasagar, 1997; Steel, Silove, Phan & Bauman, 2002; Tong, 2000; Tong, Huang, & McIntyre, 2006; Yehuda, Kahana, Schmeidler, Southwick, Wilson & Giller, 1995). These studies offered valuable information and insights regarding cultural differences. They highlighted people's attempts to adapt to Western cultures when their values were formed in collective-based cultures. However, theses studies failed to address the specific cultural differences that emerged when any trainer, from the individual-based culture of Anglo-Australia, attempts to train local para-counsellors in the collectivebased cultures of Uganda and Sri Lanka in trauma recovery.

Additionally, several other studies were found that investigated culture-bound syndromes, defined as psychiatric conditions based on unique cultural elements that require culturally specific interventions (Aderibigbe & Pandurangi, 1995; Kim & Park, 2005; Kreitzer & Wilson, 2010; Rees & Silove, 2011; Tseng, 2006). These

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studies endorsed the understanding that what distresses an individual also involves understanding their culture. However, they failed to address how these patterns influence trauma-training programs.

In addition, studies on the contexuality of mental illness were problematic because they tended to be based on Western nosology systems. Kendler, Zachar & Craver (2011) mounted a strong argument for humility regarding "our current stage of ignorance about the nature and causes of psychiatric illness" (p. 1149). Until the Ugandan and Sri Lankan trainees appraise the Western developed TREP, their possible unique cultural experiences of traumatic distress will fail to be recognised. There is a need to determine whether Western classifications of trauma and mental illness that are included in the TREP are cross-cultural or whether an alternative paradigm for trauma recovery is needed to assist para-counsellors to effectively deal with their traumatised communities.

Moreover, the literature acknowledges the controversy in Western psychology about definitions of Post Traumatic Stress Disorder (PTSD), "a mental health condition triggered by a terrifying event - either experiencing it or witnessing it." (Mayo Clinic Staff, 2014). Brewin, Lanius, Novac, Schnyder and Galea, (2009, cited by Jones & Cureton, 2014) articulate:

Trauma theorists agree that, with the exception of dissociative identity disorder, no other diagnostic condition in the history of the *DSM* has created more controversy about boundaries of the condition, symptomatological profile, central assumptions, clinical utility and prevalence than PTSD (pp. 257-258).

The Diagnostic and Statistical Manual of Mental Disorders (DSM) mentioned in the above quote is the authoritative guidebook for Western health clinicians in diagnosing mental health disorders (American Psychiatric Association, 2013). Most notably the large body of research into PTSD and its treatment approaches has been conducted in Western industrialised countries and discussion of what a diagnosis of PTSD means in contemporary society currently questions whether it is congruent with non-Western understandings. The Task Force on International Society for Traumatic Stress Studies explicitly acknowledges the cultural limitations of present knowledge in terms of ethno-cultural relevance of PTSD by stating:

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There is growing recognition that PTSD is a universal response to exposure to traumatic events that is observed in many different cultures and societies. Yet there is a need for systematic research to determine the extent to which the treatments, both psychological and psychopharmacological, that have proven efficacy in Western societies are effective in non-Western cultures (Foa, Keane & Friedman, 2000, p. 2).

Arguably, even though more than a decade has passed since this assertion was made little has changed and further research is needed into the transferability of the Western developed TREP.

Thus, the issues that require exploration are:

- 1) What resonates as useful with participants in the Western developed TREP conducted in the developing countries of Uganda or Sri Lanka and why?
- 2) What part does culture play in the trainees' understanding and adaptation of the counselling skills, tools and strategies that are designed within a Western cultural framework?

The Research Purpose

The purpose of this study is to investigate how local trauma counselling trainees from the developing countries of Uganda and Sri Lanka, with a collective-based value system, understand, cope and adapt the TREP that is developed within a Western individual-based value system, thus addressing a gap in the research literature. Explicitly, the research purpose is to investigate:

How do local trainee trauma counsellors in the developing countries of Uganda and Sri Lanka understand, cope and adapt counselling skills and strategies that are designed within a different cultural framework to their own?

The Research Questions

The research purpose is explored under three sub-questions that contribute to the investigation of the research question. The three sub-questions are:

- 1) *How do trainee trauma counsellors in developing countries describe the experience of a* TREP?
- 2) What part does culture play in determining what the trainees deem is useful and what is discarded from the TREP?

3) What cultural adaptations have the trainees made to the TREP and how are they implemented?

The research sub-questions stem from reflections on the interplay of the TREP and disparate cultural value based systems that appear to be inadequately researched and understood.

The Significance of the Research

There appears to be a gap in the literature regarding how trainees in the post-war developing countries of Uganda and Sri Lanka utilise the TREP that is designed within a different cultural framework to their own. Understanding the cultural values within these two communities would greatly benefit trauma-training programs such as the TREP; for example, the insights and understandings obtained into how these collective-based cultures function as a social unit in negotiating trauma recovery, in ways that are similar and different to the West, will emerge from investigating local knowledge and understanding. The knowledge and insights gained will likely inform responsive and optimal trauma-training programs for use in these two countries, as well as other countries with collective-based value systems in the future.

Additional likely benefits of this study are:

- To inform "best practice" for trauma counselling trainees and their clients in developing post-war societies such as Uganda and Sri Lanka;
- To assist para-counsellors operating within collective-based societies in helping themselves and others in their communities to become functional, productive citizens following political violence and civil warfare; and,
- To assist in the development of a responsive tertiary course in trauma counselling for local higher education institutions located in Uganda and Sri Lanka.

It is anticipated that I will learn from my non-Western counterparts through conducting a qualitative study that is open to embracing local understandings, knowledge and wisdom about trauma and recovery. As Patton (1990) so eloquently expresses, "Qualitative inquiry cultivates the most useful of all human capacities - the capacity to learn from others" (p. 7).

Chapter Overview

The research described in the following chapters attempts to answer the question:

How do local trainee trauma counsellors in the developing countries of Uganda and Sri Lanka understand, cope and adapt counselling skills and strategies that are designed within a different cultural framework to their own?

Chapter one has justified the need for this study to investigate this previously unexplored aspect of cross-cultural trauma recovery training.

Chapter two explores the extant literature relevant to the research questions and provides necessary background information needed to explore the complex and multi-layered research problem and build a theoretical foundation to embed the research.

Chapter three identifies and discusses the utility of therapeutic approaches and tools of counselling that relate to the TREP conducted in Uganda and Sri Lanka.

Chapter four describes the research design and data collection strategies that were employed to investigate the research questions emerging from the literature review.

Chapters five to seven present and discuss the findings of the research in relation to the research questions.

Chapter eight draws conclusions about the research problem and discusses the recommendations for theory and practice.

The Appendices contain copies of documents created and used throughout the various phases of conducting the research and data analysis. They display the progress, processes and procedures used throughout the study.

CHAPTER 2

THE IMPACT OF CULTURE ON TRAINING

Introduction

The following two chapters provide the context and theoretical foundation from which to explore this complex and multi-layered research issue. Two vast overlapping bodies of literature inform this study: 1) sociocultural anthropology; and, 2) therapeutic approaches used in psychosocial trauma recovery. A detailed representation of where they interconnect in the context of trauma counselling in Ugandan Acholi and Sri Lankan Tamil communities is presented. Literature from the immediate disciplines in the fields of trauma, psychology, sociology, and sociocultural anthropology are explored with the aim of identifying their relationship to the research problem. These disciplines are chosen because the TREP has been developed using therapeutic approaches and tools of counselling from the first three disciplines, while sociocultural anthropology relates to understanding the efficacy of exporting a Western developed TREP to two non-Western contexts.

The primary purpose of this research is to investigate how trainees understand, cope and adapt counselling skills and strategies that are designed within a different cultural framework to their own rather than focus on specific issues resulting from war-related trauma. Therefore, some important studies were excluded from this research as they are outside the boundaries of this inquiry. Excluded studies included those on displacement, resettlement, racism, structural dissociation, sexual abuse and physical wounds.

The following two chapters are organised around two major areas of concern that are conceptually illustrated in Figure 3. They are:

CHAPTER 2: The impact of culture on training; and,

CHAPTER 3: Therapeutic approaches and tools of counselling that relate to the TREP.

These two chapters provide a lens through which the complexities of the research purpose is investigated and critiqued in the literature. Each chapter is interconnected and forms the focus for justifying the study, justifying the methodology chapter and providing a framework to help in the analysis of data.

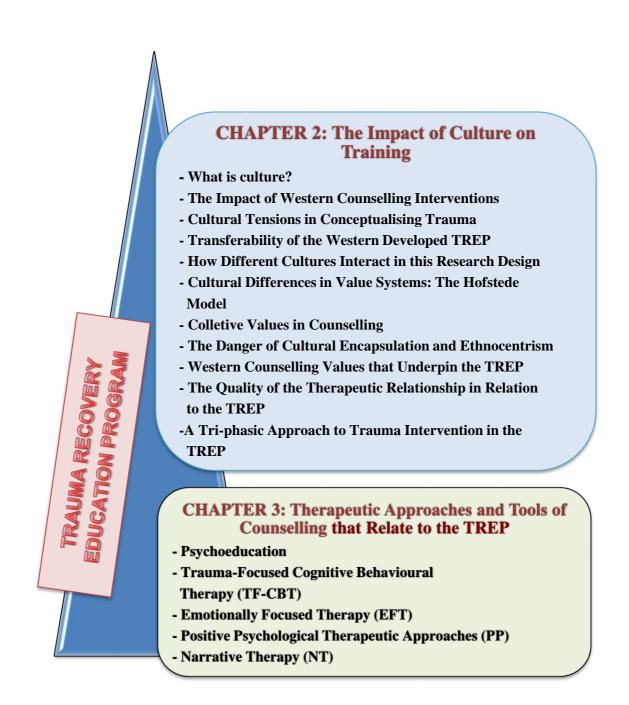


Figure 3. A Conceptual Diagram of the Literature Review.

What is Culture?

At the outset it is necessary to understand the concept of culture as it applies to this research. Western culture plays a crucial role in the content and praxis of the TREP and Western values underlie its philosophy. There are many definitions of culture. However, Williams (1958) poses one that relates to this study. In his essay titled *Culture is Ordinary*, he describes how ethnography seeks to study the "ordinary processes of human societies" (p. 93), because culture is understood to be a composite of the patterns of the behaviour and function of its inhabitants. In essence, culture encompasses ordinary, everyday features of a society including their shared language, knowledge, values, beliefs, experiences, meanings, symbols, social customs, traditions, rituals, folklores, mores, laws, taboos, religion, cuisine, music and arts (Hofstede, 1997). Culture encompasses societal worldviews and patterns of thinking and behaving in a "system of collectively held values" (Hofstede, 1981, p. 24). Thus, trauma recovery may look quite different within the different cultures of Anglo-Australia, Uganda and Sri Lanka.

The Impact of Western Counselling Interventions

Are individual-based constructs of psychological trauma recovery suitable for collective-based cultures? Kleinman and Kleinman (1997) argue that "social suffering" constitutes a "collective mode of experience that shapes individual perceptions and expressions. Those collective modes are visible patterns of how to undergo troubles, and they are taught and learned, sometimes openly, often indirectly" (p. 2). Moreover, Helman (1994, as cited by Wilson & Drozdek, 2004) contends that, "Culture not only defines pain and suffering, but also what is seen as private and public pain" (p. 8). In other words, expressions and meanings of trauma are socially constructed.

Western psychology has been developed mainly in Europe and United States of America; yet there is a growing recognition that Western developed psychologies and psychopathologies may not appropriately reflect non-Western contexts (Kim, Yang & Hwang, 2006). Traditional models of trauma treatment deal with survivors, based on a Western medical or deficit model of "disease," by attempting to relegate their experience into designated medical categories. According to the medical model, trauma causes intrapsychic pathology and the responsibility for managing posttraumatic stress lies in the individual utilising the cognitive resources to change

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their cognitions and learn more effective coping skills (Drozdek, 2013). According to Drozdek (2013) this Western deficit medical model could lead to the pathologising of entire non-Western communities like Uganda and Sri Lanka with dire results.

In addition, cultural variables are often ignored in the implementation of Western developed interventions and/or therapeutic tools (Bernal, Jiménez-Chafey & Domenech-Rodríguez, 2009). An example is the Sichuan earthquake that bears similarities to the Sri Lankan tsunami. A study by Dueck and Byron (2011) points to a plethora of unsuitable and untimely Western interventions that caused the Chinese Psychological Society to call for more consideration towards local models of support. When Westerners departed the country, there was an internal entreaty to revisit the criteria for Posttraumatic Stress Disorder (PTSD) to connote local Chinese definitions, as opposed to the Western exportation that reflected individualistic modern culture (Dueck & Byron, 2011).

Another example of how Western interventions appear to sometimes harm instead of help (van Ommeren & Wessells, 2007 is reported by Ganesan (2011), a psychiatrist working in mental health in Sri Lanka. Ganesan, a psychiatrist working in mental health in Sri Lanka, found it distressing that after the 2004 tsunami many Westerners brought a medical model of counselling and training into the disaster situation in a collective culture, offering little focus on the importance of relational quality and evidence of effectiveness. Similarly, a convincing study by Wickramage (2006) reveals that following the tsunami, "a carnival of intervention" occurred and that there were "examples of unsolicited, culturally inappropriate and conflict insensitive interventions initiated by both local and international teams to Tsunami-affected populations in Sri Lanka"(p. 163). Likewise, a study by Krishnan (2011) found that aid was delivered inappropriately to Tamil ex-combatants, their families and local communities.

It appears that unexamined Western interventions can harm those they intend to help. Wickramage (2006) suggests the need for "process-driven goals rather than project-driven goals" and "targeted psychosocial interventions" (p. 170) as opposed to generic Western developed interventions. Moreover, a study conducted in the collective-based culture of Hong Kong evaluated the effectiveness of an integrative suicide prevention program (Wong, Lui, Chan, Law & Law, 2009). The researchers aptly concluded that one of the most critical elements of the program's success was

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the "creative and culturally appropriate elements of this program" (p. 88).

How does this relate to Uganda and Sri Lanka? One study by Ertl, Pfeiffer, Schauer, Elbert and Neuner (2011), conducted in Northern Uganda, concentrated on mental health treatment for former child soldiers and their successful reintegration into post-war society. The study found that short-term trauma-focused treatment resulted in a greater reduction of PTSD symptoms. Another representative study by Akello, Reis and Richters (2013) into the silencing of distress children in northern Uganda, found that children's symptoms were expressed somatically, partly because they were "silenced through four different social processes: victim blaming, self blaming, mimetic resilience, and mirroring resilience" (p. 218). The children either did not or could not access local healing resources. Even though the authors found that what was helpful was for the children to be listened to, they cautioned the use of the Western notion of catharsis and dialogue or the belief that "the open expression of emotional distress would have been therapeutic for the children involved" (p. 218). Overall, they cited a "complete lack of research into treatment mechanisms" (p. 218) and this was confirmed by the gap in available studies.

The impact of culture on counselling training is complex. While there is a great deal of literature that addresses the need for culturally appropriate counselling skills to be taught in Western counsellor training courses, there appears to be much less on the impact of this training when Westerners train counsellors in non-Western contexts. At the time of writing, the war in Sri Lanka had recently ended and little attention had been paid to the counselling process at all, with few studies on the effectiveness of Western counselling training and/or interventions. Notably, in a representative study by Somasundaram and Sivayokan (2013), the authors believed that the post-war ecological context in Sri Lanka was not conducive for trauma recovery and that, "Despite this adverse environment some individuals, families and communities were surviving and coping creatively" (p. 19) without Western intervention. However, they found that trauma recovery could occur if psychosocial problems were addressed. Thus, this implies the need for counsellor training. Nevertheless, Gilbert (2001) argues that even though cross-cultural counselling training relies mostly on experiential learning, underlying theoretical assumptions surrounding the concept of "self" may differ between cultures. According to Gilbert, the Western notion of the "self" relies on knowing and understanding one's inner world before one can be

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helpful to another. This implies the independence and autonomy of the counselling trainee, whereas in countries such as Uganda and Sri Lanka, the "self" is interdependent, with an accompanying conquering of one's needs and opinions in favour of group cohesion.

Several authors agree that the impact of Western interventions, such as counsellor training, in non-Western cultures needs to be addressed if training is to be effective. Sue and Sue (2003) note that Westerners consider Western culture to be ideal over all others. An example of the impact of this might be that of direct communication and the expression of emotions in the counselling process. However, what is considered ideal behaviour in Western cultures may be seen as maladjusted behaviour in collective societies, like Uganda and Sri Lanka, that value verbal and emotional restraint. Melati and Fauziah Hanim (2008) also maintain that counselling theories taught in non-Western contexts would need to be broader to incorporate the perspectives of particular populations that hold different worldviews. In Uganda, Senyonyi, Ochieng and Sells (2012) suggest that "traditional counseling is more community oriented, unlike counseling in Western countries, which tends to be more subjective, personal, and tailored to the individual" (p. 500). The same issues likely apply in Sri Lanka that is also a collective society. It appears that the impact of culture on counselling training highlights differing worldviews that embrace an individual verses a collective perspective.

Cultural Tensions in Conceptualising Trauma

In Uganda, conceptualising trauma and mental illness in terms of culture bound issues has received little consideration in the literature. A Western perspective on mental illness denotes an accumulation of maladaptive patterns of interactions that develop into character and personality groupings and disorders, eventually becoming known as mental illness or disorder (Maddux & Winstead, 2012). The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) that is released periodically by the American Psychiatric Association (APA) (2013) creates diagnostic categories based on symptoms and syndromes to enable diagnosis and determine suitable treatment. However, Ugandan and Sri Lankan indicators of traumatic distress or modes of treatment may differ or be culture-bound. For example, Tseng (2006) and Aderibigbe and Pandurangi (1995) maintain that there are "culture-bound syndromes" (p. 555) defined as psychiatric conditions based on unique cultural elements that require

culturally specific interventions.

An example is the practice of African Tradition Religion (ATR) in Uganda. Crick (1970, as cited by Moore and Sanders, 2001) asserts that African beliefs around witchcraft in interpreting adversity "are inextricably tied up with moral systems, 'evolutionary ideas' and 'systems of belief' and have to be understood in context"(p. 4). Witchcraft forms part of everyday life for many Ugandans and is inextricably tied to "social diagnostics" (p. 4). Witchcraft contains "an overarching conception of local knowledge, power and interpretation of misfortune" (Bongmba, 1998, p. 168, as cited by Moore & Sanders, 2001, p. 4). There is no reference to this type of syndrome in Western diagnostic tools such as the DSM-5 (APA, 2013).

The literature endorses that understanding what distresses an individual involves understanding their culture. Aderibigbe and Pandurangi (1995) maintain that "culture is the royal road to understanding a patient" (p. 236) and that psychological self-protective strategies are culture-specific. Therefore, to understand ATR in Uganda and what is known as a "culture bound syndrome" (Cohan, 2010, p. 212), is to understand that it is based on ancestral beliefs. Ancestors form the link between the physical and spirit worlds where they "speak" into every area of life, making religion the Ugandan's "waking thought" (Ekeke, 2011, p. 3). Ugandan codes of behaviour, doctrines, customs are handed down from generation to generation, inculcating notions of social cohesion, culture and religious practices.

Accordingly, the clergy in Uganda guide social behaviour and moral order through ancestral spirits. Social control is maintained through their belief that ancestral spirit relatives view crimes like stealing, suicide and adultery as detestable. Consequently, if the TREP trainer regards traumatic stress and individual suffering for Ugandans and Sri Lankans as psychopathological, then this Western perspective may lack an understanding of the social, contextual and collective collateral that could determine their future wellbeing (Summerfield, 2000).

Conceptualising trauma in the Sri Lankan context can also be challenging from a Western perspective. One of only a few researchers who is investigating and identifying local indicators of distress in Sri Lanka is Fernando (2008) and her colleagues. Earlier papers by Fernando (2004a; 2004b) hint at how indicators of distress and modes of healing for Sri Lankans differ from Western thinking and constructs, for example, Fernando articulates how surprised Westerners were when

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Sri Lankan survivors left refugee camps within days of the tsunami, returning to their devastated homes and villages and exhibiting seemingly inordinate resilience in the face of overwhelming disaster. She posits that to understand the surprise is to understand that Western PTSD assessments primarily relate traumatic exposure to external events, such as disaster and war-related violence and loss. Fernando believes that the traumatic reactions of Sri Lankans were similar to Western responses in terms of the symptomology described in the PTSD literature, except that modes of coping and healing varied significantly (Fernando, 2004a; 2004b). Protective factors tended to include those found in Sri Lankan Sinhalese and Tamil religious philosophies such as Buddhism and Hinduism and the concept of finding meaning and identity in social roles and social harmony (Fernando, 2004a; 2004b).

Next, Miller, Fernando and Berger (2009) conducted a significant culturally grounded mixed methods study in Sri Lanka that revealed strikingly different reactions to traumatic events "as well as specific modes of healing" (p.1219). In response, the researchers developed the *Sri Lankan Index of Psychosocial Status*, a twenty-six-item measure of local indicators of distress. They studied the responsiveness of Western developed constructs of PTSD as a suitable diagnostic tool for traumatised children in post-tsunami Sri Lanka. Importantly for this study, they found that daily stressors did not conform to those listed in the PTSD description under external traumatic events. Rather, they found that witnessing relational conflict constituted a greater stressor. The study revealed distinct differences in collective-based mental health indicators of distress and Western based indicators that have guided the design of the TREP and the assumptions of effectively dealing with trauma recovery. The researchers concluded that current Western developed intervention programs were profoundly "out of sync" with the real stressors that children experienced daily (Miller, Fernando & Berger, 2009).

Could this also be true of adults? A mixed methods study by Miller (2010) on adult distress and wellbeing substantiated previous findings about lack of "contextually grounded mental health research with war and disaster-affected populations" (p. 49) such as Sri Lanka. The need for cultural variation in daily stressors was identified "as an experience and expression of psychological distress" (p. 57). Several other studies found that daily stressors that were sources of significant distress during armed conflict or post-conflict collective contexts differed from the Western PTSD stressors

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that are more individual and cognitive in nature (Miller & Fernando, 2008); Panter-Brick, Eggerman, Mojadidi & McDade, 2008; Al-Krenawi, Lev-Wiesel & Sehwail, 2007; de Jong, Komproe, van Ommeren, Masri, Khaled & van de Put, 2004). Miller and Fernando (2008) aptly conclude that the "key issue is whether researchers working in complex emergencies are willing to take needed steps to better ensure that their efforts are maximally beneficial to NGOs and policy makers addressing the mental health and psychosocial needs of affected communities" (p. 260).

In summary, conceptualising trauma from a Western perspective presents an ongoing challenge. Counselling professionals, such as the Western TREP trainer, need to be equipped with local knowledge and skills necessary to work directly with victims of mass violence in both Uganda and Sri Lanka that assume different values to those in the West (Piachaud, 2007, p.15).

Transferability of the Western Developed Trauma Recovery Education Program

The transferability of the Western developed TREP to non-Western contexts is a two-sided debate. Some Western researchers advocate cross-cultural transferability of Western trauma interventions while others are doubtful about their appropriateness to non-Western contexts. According to the World Health Organization (WHO) (2002), political violence and civil warfare, "is a complex problem rooted in the interaction of many factors – biological, social, cultural, economic and political." As previously mentioned, much of the literature on psychosocial trauma targets Western individualistic populations and fails to address the needs of collective-based value societies. Catani, Schauer and Neuner (2008) agree in their study on domestic violence against children in Afghanistan and Sri Lanka when they state, "In collective societies…there is virtually no literature addressing the effects of mass trauma on the family and community systems" (p. 165).

Additionally, the Western world sometimes believes they need to "educate" non-Western societies in the symptoms and treatment for Posttraumatic Stress Disorder (PTSD). PTSD is an acute psychological condition that may develop in the exposure to a traumatic event(s) such as political violence and civil warfare (APA, 2013). The West rarely considers that non-Western trauma-exposed communities may experience PTSD differently to their non-Western counterparts and respond differently to individual-based treatment strategies designed to alleviate their trauma-induced symptoms. In fact, traumatised survivors of protracted political violence and civil

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warfare continually live with ever-present poverty, dislocation, danger and marginalisation that may not be present in Western cultures. These contingencies may be unacknowledged by the West.

Importantly, following the 2004 tsunami disaster in Sri Lanka, a report (Feedback from the local staff, 2006) that allowed local para-counsellors to "express their critical thoughts on the role, activities or ideas and attitudes" of international trainers offers some pertinent insights. The report deplores several trauma-training interventions as inappropriate to the local context and culture. When conducting trauma-training programs, "international trainers often fail to realize that the education system in Sri Lanka is not geared towards utilization of knowledge but rather the absorption of that knowledge" (p. 169). Indeed, the report reveals that Sri Lankan trainees in the TREP may give a correct answer but there is a huge gap in knowing the right answer and applying their knowledge in a way that assists them in managing their trauma. This has important implications for the TREP if the trainer fails to address the distinctive needs of Ugandan and Sri Lankan collective societies.

There is also the issue of mental health in developing countries such as Uganda and Sri Lanka. The literature indicates that even though some Western psychological trauma approaches seem largely transferable to these collective societies there is underlying uncertainty (Dueck and Byron, 2011). Particularly, the most frequent Western aid responses in these post-war developing societies is to apply Western models of mental health and wellbeing and to employ Western strategies of trauma counselling (Dueck & Byron, 2011). The West has been accused by some scholars of lack of critical inquiry into the export of Western individualised mental health interventions and for assuming they are both universal and transferable to collectivebased value cultures (Dueck & Byron, 2011). This has often led to the subjugation of local understandings of mental health, wellbeing and respect for local autonomy within collective societies (Dueck & Byron, 2011). Importantly, "cultural researchers view culture as infusing the presentation of all disorders of all people" (Lopez & Guarnaccia, 2000, pp. 576-77). Thus, how important is it for the TREP trainer to refrain from assuming knowledge regarding best counselling practice for local trainees in Uganda and Sri Lanka? This leads to the first research question:

How do the trainees in developing countries describe the experience of the TREP?

One study asserts that the transferability of the Western developed TREP is enhanced when the trainer takes time to work with participants to apply the training concepts directly to local contexts (McDowell, Brown, Kabura, Parker & Alotaiby, 2011). Interventions require "the strengthening of local traditions of pluralism and mutual coexistence over patterns of separatism and exclusivity" (Bandarage, 2010, p.660).

How Different Cultures Interact in this Research

The research outline displays how the cultural differences between the Western developed TREP and the Ugandan and Sri Lankan participants intersect in this study and is diagrammatically displayed in Figure 4.

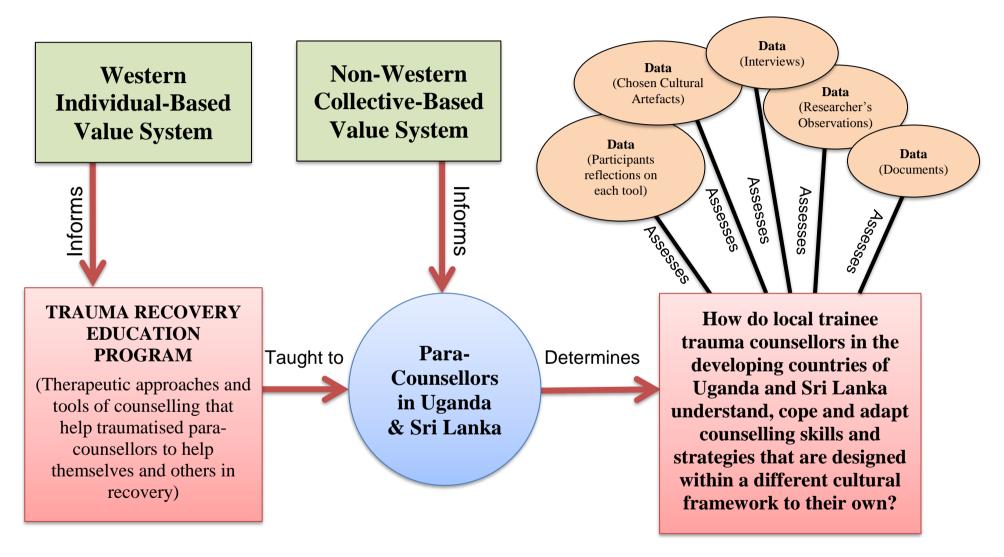


Figure 4. Research Outline.

Cultural Differences in Value Systems: The Hofstede Model

The Hofstede (1981, 1984, 2011)c model of culture provides a theoretical framework for this study and affords an easily understood explanation of the different cultural dimensions that inform the way people think, feel and behave in the different cultures represented in this study. An initial study by Hofstede (2011) in 1970 with the IBM Corporation "represented probably the largest matched- sample cross-national database available anywhere at that time" (p. 13). Regarded as a paradigm in the field of cross-cultural research, Hofstede encapsulated cultural differences into four dimensions. Three of those dimensions have been chosen for their relevance to this study. They are power-distance, individualism-collectivism and femininity-masculinity (Hofstede, 2011), described below and illustrated in binary form.

Power-distance dimension of culture.

The power-distance dimension in the Hofstede (2011) model of culture reflects the degree to which a culture deals with power inequalities (Hofstede, Hofstede & Minkov, 2010). Anglo-Australian culture is more attuned to smaller power distances between those in authority or those holding privileged positions (such as the Prime Minister, doctors, lawyers, et cetera) and the ordinary person. Equality is valued and professional distance minimised.

In contrast, collective countries such as Uganda and Sri Lanka prefer a large status differential (Hofstede, 2011). They tend to function with larger power-distances so would view professionals such as the trainer as an expert. For example, in Ugandan culture, age, respect and the consulting of elders about community decisions are crucial. However, in cultures such as Anglo-Australia with a smaller power-distance, the individual expects to be consulted and have a say in the outcome. Indeed, in Sri Lanka family inequality is endorsed by society where even adult children are expected to be obedient to their elders. Table 5 illustrates the power-distance dimension of culture.

Table 5

Small Power Distance	Large Power Distance		
Use of power should be legitimate and is subject to criteria of good and evil	ower is a basic fact of society antedating good or vil: its legitimacy is irrelevant		
Parents treat children as equals	Parents teach children obedience		
Older people are neither respected nor feared	Older people are both respected and feared		
Student-centered education	Teacher-centered education		
Hierarchy means inequality of roles, established for convenience	Hierarchy means existential inequality		
Subordinates expect to be consulted	Subordinates expect to be told what to do		
Pluralist governments based on majority vote and changed peacefully	Autocratic governments based on co-optation and changed by revolution		
Corruption rare; scandals end political careers	Corruption frequent; scandals are covered up		
Income distribution in society rather even	Income distribution in society very uneven		
Religions stressing equality of believers	Religions with a hierarchy of priests		

Power-Distance Dimension of Culture

Note. Retrieved from Hofstede, 2011, p. 9. Copyright 2010 by *Online Readings in Psychology and Culture (ORPC)*. Reprinted with permission.

Application of the power-distance dimension to training.

An Anglo-Australian TREP trainer is primarily trained in a collaborative approach as opposed to expert-subordinate. They are generally trained to be careful of assuming excessive power and to minimise trainee/trainer distance. However, in large powerdistance societies such as Uganda and Sri Lanka, the TREP trainer's "expert" status is valued, applauded and respected for superiority and title. Thus, an Anglo-Australian trained TREP trainer may attempt to close the power-distance between them and their client/s. How do these power-distance dimension differences impact on the delivery of the TREP and the relationship between the TREP trainer and the trainees?

Individualism-collectivism dimension of culture.

The individualism-collectivism dimension in the Hofstede (2011) (see Table 6) model of culture refers to the degree to which societal members focus their allegiance on the self or the group. Despite an increase in globalisation over the past century these differences still appear to be significant which has important ramifications for the TREP. Hofstede (2011) noted that wealthy cultures (such as Australia and the United States of America) tend to be individualistic, whereas developing countries (such as Uganda and Sri Lanka) tend to be collectivistic. Individualistic cultures such

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as Anglo-Australia tend to experience looser ties between individuals and exhibit greater independence, whereas collectivistic cultures such as Uganda and Sri Lanka tend to form strong, cohesive ties between group members such as family and extended family (parents, aunts, uncles and cousins) (Hofstede, 2011). They contain values "in which people from birth onward are integrated into strong, cohesive ingroups; often their extended families (with uncles, aunts, and grandparents) who continue protecting them in exchange for unquestioning loyalty" (Hofstede & Bond, 1988, pp. 10-11). Greater psychological distance exists between the in-group and outgroups and fierce loyalty is demanded of those in the in-group in return for their security and protection (Hofstede, 2011).

Conversely, individualistic cultures such as Anglo-Australia tend to concentrate on the "nuclear" family where it is considered healthy to be self-sufficient and autonomous (Hofstede & Bond, 1991, as cited by Kim, 1995, p. 4). Whereas individualism tends to focus on individual goals, ambitions, aspirations and needs as primary over those of the group, collectivism tends to view needs, achievements, survival, quality of life, and wellbeing as the same as those of the group (Muhammad, 2011). Likewise, individualism tends to promote self-actualisation over group cohesion whereas collectivism tends to promote group harmony at the cost of the individual. Table 6 illustrates the individualism-collectivism dimension of culture.

Table 6

Individualism	Collectivism	
Everyone is supposed to take care of him- or herself and his or her immediate family only	People are born into extended families or clans which protect them in exchange for loyalty	
"I" – consciousness	"We" -consciousness	
Right of privacy	Stress on belonging	
Speaking one's mind is healthy	Harmony should always be maintained	
Others classified as individuals	Others classified as in-group or out-group	
Personal opinion expected: one person one vote	Opinions and votes predetermined by in-group	
Transgression of norms leads to guilt feelings	Transgression of norms leads to shame feelings	
Languages in which the word "I" is indispensable	Languages in which the word "I" is avoided	
Purpose of education is learning how to learn	Purpose of education is learning how to do	
Task prevails over relationship	Relationship prevails over task	

Individualism-Collectivism Dimension of Culture

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Application of the individualism-collectivism dimension to training.

Hofstede (2011) found that cultures high on the collectivism dimension (such as Uganda and Sri Lanka) consider relationships to be primary and confidentiality in the counselling relationship tends to not be important. Cultures high on the individualistic dimension such as Anglo-Australian culture may find this attribute confusing, as privacy and confidentiality are valued. In conflict situations collectivistic cultures tend to value "saving face", avoidance and the use of mediators to intervene (Hofstede, 2011). Conversely, individualistic cultures tend to value self-expression, assertive strategies and speaking out as ways of resolving conflict (Hofstede, 2011). As a result, the Anglo-Australian TREP trainer may inadvertently experience cultural bias in the way the TREP is conducted and in the way conflict in the training group is managed.

Femininity-masculinity dimension of culture.

According to Hofstede (2011), high masculinity cultures such as Uganda and Sri Lanka tend to value behaviours like assertiveness, ambition, achievement, competition, and the procurement of prosperity, whereas high femininity cultures such as Anglo-Australia tend to value nurturing and supporting others, relational qualities, and quality of life seeking (see Table 7). High masculinity cultures tend to display well-defined expectations of male/female societal roles and behaviours and "there is often a taboo around this dimension" (Hofstede et al., 1998, as cited by Hofstede, 2011, p. 12). Sexual inequality is valued as a means of maintaining social harmony in high masculinity cultures such as Uganda and Sri Lanka. Conversely, in high femininity cultures like Anglo-Australia there is a tendency to be less prescriptive and gender expectations are more indistinct and sometimes blurred.

Table 7

		1	D' '	COL
Femini	nitv-Ma	sculinity	Dimension	of Culture
I Chillin	1111 9 1110	Scutting	Dimension	$o_j \circ minin \circ$

Femininity	Masculinity		
Minimum emotional and social role differentiation between the genders	Maximum emotional and social role differentiation between the genders		
Men and women should be modest and caring	Men should be and women may be assertive and ambitious		
Balance between family and work	Work prevails over family		
Sympathy for the weak	Admiration for the strong		
Both fathers and mothers deal with facts and feelings	Fathers deal with facts, mothers with feelings		
Both boys and girls may cry but neither should fight	Girls cry, boys don't; boys should fight back, girls shouldn't fight		
Mothers decide on number of children	Fathers decide on family size		
Many women in elected political positions	Few women in elected political positions		
Religion focuses on fellow human beings	Religion focuses on God or gods		
Matter-of-fact attitudes about sexuality; sex is a way of relating	Moralistic attitudes about sexuality; sex is a way of performing		

Note. Retrieved from Hofstede, 2011, p. 12. Copyright 2010 by *Online Readings in Psychology and Culture (ORPC)*. Reprinted with permission.

Application of the femininity-masculinity dimension to Training.

There are several implications for the Western TREP trainer. High masculinity cultures such as Uganda and Sri Lanka may allow mixed groups but the expectation is that men speak first and often speak for the women. When married couples attend the TREP there may be a tendency for the male to speak for the woman during sessions.

An Anglo-Australian TREP trainer tends to value gender equality and abhor sexual discrimination. Formerly high on the masculinity dimension, Australian traditional patriarchal gender roles and expectations have shifted markedly during the last century. Women have entered traditional male occupations and men now perform domestic duties previously believed to be the exclusive domain of women. This has not yet occurred in the moderate to high masculinity cultures of Uganda and Sri Lanka. Thus, what impact do these differences in perceptions of gender roles have on the TREP in facilitating effective trauma recovery?

Implementing the Hofstede Model in Non-Western Cultures

Although Hofstede's dimensions have engendered a plethora of cross-cultural research, especially in the business world, little attention has been paid to their

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influence on the counselling process (Snyder, 2003). In fact, no studies were found on Sri Lankan counselling, partly due to the recentness of the war. Interestingly, one article (Corbin, 2012) explored the ethical tensions and dilemmas that arose for two social work students from the United States of America during an eight-month international clinical internship in northern Uganda. Using the cultural orientation of collectivism, the students lived in a context that allowed them to increase their understanding of communal identity versus individual identity, the "interconnectedness and strengths of relationships" (p. 833), the obligations and norms of collective living, and the importance of social harmony.

In another study, (Snyder, 2003) explored the relationships between individualism and collectivism and attitudes towards counselling among East Asians (including Sri Lanka) attending university in Australia. The study found that the reluctance of international students from more collectivistic cultures to seek counselling services was partly due to the fact that, "critical issues of approaches to dealing with psychological maladjustment and maladaptation are culturally dependent" (p. 246). Thus, it is clear that cross-cultural research is needed to ascertain the influence of Hofstede's model of culture on the counselling process.

Collective Values in Counselling

Collective societies tend to hold different values regarding counselling than their individualistic counterparts. Sue and Sue (2003) suggest that traditionally, cross-cultural counselling has been predicated on individualistic constructs; for example, individualistic values indicate that individuals are autonomous and able to change their circumstances (Sue & Sue, 2003). Pattel (2007), when writing about the Aboriginal community, believes it is vital to understand that in a collective society, "people will present issues that have influenced and affected the collective family group. The individual themselves may not have a direct experience with the said issues but s/he will speak from a plural form as if they have had such an experience" (p. 8). Thus, those from collective societies tend to seek help from their collective experience rather than as individuals (Pattel, 2007).

Also, in collectivist societies counselling is implemented around the family/kinship social relations, cultural obligation and spirituality that may fall outside of Western conventional religions (Kuo, Roysircar & Newby-Clark, 2004). Kuo (et al., 2004) offers several suggestions for implementing collective counselling strategies. Firstly,

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implementing a more directive, "problem-solving approach" (p. 160), as structure is preferred. Secondly, collective counselling situations call for a team approach as this presents more avenues for problem solving (p. 160).

Thirdly, typical Asian cultural beliefs are "forbearance, endurance, and nonaction" (Kuo et al., 2004, p. 161). Therefore, Kuo (et al., 2004) suggest that facilitating coping responses needs to reflect the group identity and relational focus of collective societies. Fourthly, they suggest that the family should be incorporated into the counselling process.

Several other studies conducted in non-Western settings show interesting results regarding counselling values. Western counsellors tend to value self-disclosure as necessary for healing. An example is Yalom (1995) who advocates catharsis as a therapeutic factor in Western counselling groups. However, a study by Dwairy and van Sickle (1996) claims that in a collective society this is akin to leaving a person immersed with an "open wound" (p. 236). Hence, in cultures where shared identity assumes precedence over the individual self, encouraging the expression of socially repressed material is tantamount to a wounding (Dwairy & van Sickle, 1996). Pressure to share or disclose family dynamics can cause disrupting internal conflicts with the values, traditions and restrictions imposed by their collectivist societies.

The Danger of Cultural Encapsulation and Ethnocentrism

The Hofstede (2011) model highlights significant cultural differences between individualistic and collective value systems. This is relevant to this study as the Western trainer is in danger of cultural encapsulation and ethnocentrism. Cultural encapsulation is defined as, "the lack of understanding, or ignorance, of another's cultural background and the influence this background has on one's current view of the world" (McCubbin & Bennett (2008). "The purpose of this encapsulation, or "cocoon," is to allow people to protect themselves" (p. 1090). Consequently, differences between the cultures can be minimised or ignored by TREP trainers.

Based on concepts by Wrenn (1962), Pedersen (2000, as cited by Pedersen, Draguns, Lonner & Trimble, 2008) describes elements of cultural encapsulation relevant to the Anglo-Australian trainer. Pedersen argues that trainees' "support system is not normally considered relevant in analyzing the person's psychological health" (p. 7). Pedersen also asserts that "only linear-based "cause-effect" thinking is accepted as scientific and appropriate" (p. 7). Additionally, "The counsellor presumes

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herself... to be already free of racism and cultural bias" (p. 7). An example of cultural encapsulation is when a TREP reflects the dominant values of Anglo-Australian culture and devalues differences through the use of stereotypes based on individual-based learned assumptions about culture (Portmen, 2007); for example, when confronted with cultural disparities, the trainer's range of emotions may include confusion, fear, prejudice, sadness and guilt about the Uganda or Sri Lankan situations (Perez Foster, 1999). This range of emotions encapsulates the trainer's personal values, attitudes, beliefs, strengths, weaknesses, fears, priorities and past experiences to form a personal style of educating/counselling and relating to trainees that ignores the latter's cultural diversity and complexity. Thus, cultural encapsulation may inadvertently permeate the philosophy and practice of the TREP.

Ethnocentrism is similar but different. It is defined as, "the belief in the inherent superiority of one's own ethnic group or culture; a tendency to view alien groups or cultures from the perspective of one's own" ("ethnocentrism", n.d.). Sayed (2003) argues that ethnocentric cultural and personal beliefs about mental health issues, such as trauma recovery may be culturally encapsulated; for example, Sayed would suggest that problems arise when the TREP trainer assumes shared values with trainees when in actuality they are different.

Clearly, ethnocentrism (LeVine & Campbell, 1972) and giving superiority to Western-developed psychology is counter-productive to the TREP. Eisenman (et al., 2005) strongly advocates that cultural disparities that arise must be acknowledged and addressed by the trainer in order to maintain transparency and to avoid countertransference (Stampley & Slaught, 2004). It is indicated that an Anglo-Australian trainer must allow non-Western psychology to alter the margins and constituents of Western developed psychology reflected in the TREP (Courtois & Gold, 2009; Kim, Jang & Hwang, 2006; Naidoo, 1996). Rigorous reflection is required on what it means to live in, and belong to, Anglo-Australian culture including how gender relationships are arranged, how foreigners are treated, how the culture delineates what is appropriate for public and private domains (Shwcder, Minow, & Markus, 2002), and how Anglo-Australia accommodates the cultural and religious practices of ethnic groups. Understanding what comprises cultural encapsulation and ethnocentrism is necessary when working within the non-Western cultures of Uganda and Sri Lanka (Shwcder, et al., 2002) in order to develop cultural awareness, avoid value imposition and show cultural empathy (Ridley, as cited by Lago, 2006).

Western Counselling Values that Underpin the TREP

It has been stated that there exists a difference in cultural values between those that guide the training modules and the assumptions of effective dealing with trauma recovery. It is difficult to define values but for the purposes of this study values are defined as the "beliefs of a person or social group in which they have an emotional investment" ("values", n.d.). Ivey and Ivey (2003) believe that the primary value of listening "is the foundation of counselling" (p. 9). The most basic element in effective counselling is "the ability to listen to and enter the world of the client" (p. 9). In other words, listening and empathy skills must be part of every TREP. How effectively can the Western TREP utilise listening and empathy skills in helping the trainees to manage their trauma?

Other basic values in all Western ethical codes are "competence, informed consent, confidentiality, and diversity" (p. 9) and "issues of advocacy, power, and social justice are implicit in all codes" (p. 35). Further, Sue and Sue (1990) suggest that culturally competent counsellors in war torn Uganda and Sri Lanka have attempted to identify what constitutes "normality/abnormality, the nature of helping, and what constitutes a helping relationship" (p. 55). These overarching values permeate each Western counselling approach even though they may be built on diverse aims, values and philosophical bases. How effectively can the Western TREP maintain these ethical values in helping the trainees to manage their trauma?

Furthermore, two main Western developed approaches to counselling influence the TREP. These are: Humanistic and Cognitive Behavioural Therapy (CBT) and this section will consider the values that underpin these approaches.

Humanistic approach.

An early proponent of the Western Humanistic approach to counselling is Rogers (1951). Rogers (1951, 1996) developed the widely known Humanistic counselling approach termed, "person-centred (Rogerian) counselling" (1959, pp. 150, 594) claiming that people are motivated towards self-actualisation but only when their physiological and safety needs are met. He based this thinking on Maslow's (1943) viewpoint of the central importance of people's needs for physical and psychological safety being met, for example:

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A person who is lacking food, safety, love, and esteem would most probably hunger for food more strongly than for anything else...If all the needs are unsatisfied, and the organism is then dominated by the physiological needs may become simply non-existent or be pushed into the background (Maslow, 1943, p. 373).

Humanistic theories indicate that for war torn societies such as Uganda and Sri Lanka, if their basic needs remain unmet, they become consumed with meeting their basic survival needs.

Humanistic theories suggest that the starting point for trauma recovery in war torn societies like Uganda and Sri Lanka would be to create a context of safety in the counselling context. The "need for safety is seen as an active and dominant mobiliser of the organism's resources in emergencies, *e.g.*, war, disease, natural catastrophes, crimewaves, societal disorganization" (Clark, Chandler & Barry, 1994, p. 111). Thus, only when external and internal safety needs are met may the next level of needs emerge.

Furthermore, the focus of Humanistic counselling is on subjective experience. The key value of Humanistic theory is that people are "exquisitely rational" (Rogers, 2004, p. 194) and that to "feel that one is understood is to feel that one has made some kind of a positive difference in the experience of another" (p. 343). According to Rogers, "no one else can know how we perceive, we are the best experts on ourselves." (as cited by Gross 1992, p. 905).

Rogers (2004) also believed that individual resources "can be tapped if a definable climate of facilitative psychological attitudes can be provided" (p. 115). These attitudes indicate that for counselling in war torn Uganda and Sri Lanka to be effective, certain core conditions are needed:

- 1) Acceptance and value or viewing the client as worthy;
- 2) Empathy or the ability to see the world as the client sees it;
- 3) Congruence or genuineness; and,
- Unconditional positive regard or value toward oneself regardless of one's cultural perceptions of success in life (p. 213).

Cultural transferability of Humanistic counselling to the TREP.

Several studies question the cultural transferability of Humanistic theory. For example, it is suggested that Maslow reacted against the prevalence of the psycho-

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pathological focus at the time by focusing instead on health and wellbeing (Neher, 1991). Maslow (1971) himself expressed the belief that it is not really known what self-actualisation means in other cultures. Nonetheless, Tey and Diener (2011) sampled 123 countries including Africa and South Asia to ascertain the association between the fulfilment of needs and subjective wellbeing. They found need fulfilment at the societal level meant that people could experience self-actualization and positive social relationships even if their physiological and safety needs were not completely satisfied. Could need fulfilment in Uganda and Sri Lanka be possible in spite of trauma because of the cultural value placed on social relationships?

Three criticisms of Humanistic counselling include:

- It focuses on individualism at the expense of collectivism; for example, Roger's focus on subjective experience means that the influence of culture on the development of the self is largely ignored (Boundless, n.d.);
- Humanism is primarily relevant to a middle-class culture where people possess a reasonable level of verbal fluency (Pedersen, 1987); and,
- Rogerian non-directive counselling is not suitable in collective cultures because contradicting or challenging the counsellor/trainer is socially unacceptable and may create undesirable consequences (Pedersen, 1987).

However, these criticisms may be counteracted by Roger's emphasis on the therapist's skill of empathic understanding; for example, the counsellor acquires the ability to view the world from a client's perspective. Spangenberg (2003) claims that the culturally sensitive counsellor is attuned to each individual's cultural uniqueness even though that may differ from his or her own culture. Moreover, Sue (1998) believes that empathic counsellors are able to "see and understand common experiences" (p. 446). They must also be able to "know when to generalize and be inclusive and when to individualize and be exclusive" (p. 446). Thus, the cultural legitimacy of Rogerian counselling depends on the cultural competence and empathic abilities of the practitioner. How effectively can the Western TREP utilise Humanistic counselling to help the trainees to manage their trauma?

Cognitive Behavioural Therapy (CBT) approach.

Cognitive behavioural therapy (CBT) was developed by Aaron Beck (1979) as a brief, goal-oriented, evidence-based approach that focuses on "automatic thoughts" (p. 29) or "cognitive distortions" (p. 49) and how they become imbued with personal

meaning. The counselling goals are to clarify how thoughts, feeling and behaviours influence each other (Nelson-Jones, 2011). A core value of CBT is healthy thinking as opposed to rigid, inflexible, illogical thinking, because healthy thinking is more reflective of reality (Joseph, 2009).

CBT promotes self-determination and collaboration in the counselling relationship and "acknowledging the impact of one's social context on core beliefs and schemas, as well as the oppressive nature of internalized biases and stigmas" (González-Prendes, 2012, p. 27). The key values that underpin CBT are a strengths-based approach that promotes self-respect and unconditional self-acceptance (González-Prendes, 2012) (important issues in trauma recovery in war torn Uganda and Sri Lanka).

Cultural transferability of Cognitive Behavioural Therapy to the TREP.

Several researchers highlight the need for creativity and flexibility in the application of CBT in cross-cultural settings (Hays, 1995, 2014). Griner and Smith (2006) suggest that culturally adapted interventions are more effective. Moreover, according to Nezu (2008), there is a distinct lack of research into how CBT is made culturally responsive within non-Western contexts. Hoffman (2006) suggests that CBT "is firmly based on formal analytic reasoning" (p. 244) that "may have to be modified to the particular culture to be compatible with the specific style of reasoning and thinking" (p. 244), such as in developing countries like Uganda and Sri Lanka.

One of the highlighted differences between individualistic and collective cultures is in hierarchical family orientation and help-seeking behaviours (Nezu, 2008). Hwanga, Wood, Lin and Cheung (2006) offer an example of a Chinese American child with school phobia and state, "Reaffirming culturally valued behaviors [sic] such as parental sacrifice on behalf of children was important in the final stages of treatment, leading to a positive final experience with therapy" (p. 302). Hence, while it appears that CBT can be culturally adapted, more research is needed into the effects of cultural beliefs, perceptions and reasoning on CBT for it to be effective across cultures. How effectively can the Western TREP utilise CBT to help the trainees manage their trauma?

Quality of the Therapeutic Relationship in Relation to the TREP

Several studies indicate that the quality of the therapeutic relationship appears to be more important than the Western therapeutic approaches and tools of counselling

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being taught (Lambert & Dean, 2001). Lambert (1992) investigated the importance of working within a particular counselling model as he sought to investigate what works in psychotherapy. Despite philosophical preferences for working within a particular psychotherapeutic modality, Lambert found that the actual therapeutic model adopted by a counsellor accounts for only a small percentage of effectiveness in positive therapeutic outcomes (Asay & Lambert, 1999). Instead, it was revealed that the therapeutic relationship between a counsellor and their client proved to be a critical component in effective therapeutic outcomes (Lambert, 1992; Hubble, Duncan, & Miller, 2002) and "accounts for seven times as much outcome variation as the model or technique being used by the therapist" (Robinson, 2009, p. 50).

Therefore, Western counselling effectiveness does not rest solely on a practitioner's preferred therapeutic approach. It also rests on the quality of the therapeutic relationship with client motivation, involvement and cooperation imperative to the building of a close, trusting therapeutic alliance (Lambert, 1992; Hubble, Duncan, & Miller, 2002). Miller, Hubble and Duncan (2008) suggest that, "Who provides the treatment is a much more important determinant of success than what treatment is provided" (p. 15).

The centrality of the therapeutic alliance in positive therapeutic outcomes crosses cultures (Asnaani & Hofmann, 2012; Bland & Kraft, 1999). Perhaps this is because collective-based value systems tend to appreciate and value relationships over task (Hofstede, 2011). It follows that a positive trainer/trainee alliance in the TREP may provide a sense of safety and a holding place to contain emotions as they begin to understand and process their thoughts and feelings surrounding the trauma. Researchers van der Veer, Somasundaram and Damian (2003) confirmed that this applied to counsellor training in northern Sri Lanka. Wilson, Friedman and Lindy (2004) propose that because trauma destroys an individual's sense of competence and mastery, people are reliant on external sources (such as substance abuse) to assist them in regulating their internal states. Thus, a positive trainer/trainee alliance in the TREP may be central to the healing journey and thereby enable and model for the trainees how to create this safety for others in their communities.

Further, research concludes that a positive therapeutic alliance can change a trauma survivor's brain (Lee, 2010) by providing "secure attachment" (p. 23) and a safe sanctuary from which the traumatised individual is enabled to process their

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trauma. The term *secure base* emerges from attachment theory, a body of research that identifies the dynamics of human relationships over the lifespan (Ainsworth & Bell, 1970; Ainsworth, Blehar, Waters & Wall, 1978) and underpins the TREP. Wilson and Drozdek (2004) claim that the trainer/counsellor needs to create a mutually respectful relationship of trust, transparency, predictability, calmness, safety, no "secret agendas", tolerance, the capacity to "decode messages" and a culturally sensitive attitude.

These theories indicate that the quality of the therapeutic counselling relationship is indicated in trauma recovery in war torn Uganda and Sri Lanka. It is built on the capacity of the counsellor to provide a sense of safety and a holding space where the trauma survivor can learn to contain emotions and process their thoughts and feelings surrounding the trauma. However, Vasquez (2007) asserts that unintentional cultural bias can hinder the establishment of a quality trainer/trainee alliance, when the trauma trainer is Western.

A Tri-Phasic Approach to Trauma Intervention in the TREP

Contemporary Western psychological trauma treatment tends to occur in stages and levels. Intervention typically involves a sequenced, stage-oriented model organised "to address specific issues and skill" (Courtois, 2008, p. 93). The TREP is designed to address the first stage of trauma intervention. Pierre Janet (1919/25, as cited by van der Hart, Brown & van der Kolk, 1989) was one of the first clinicians to approach trauma treatment by formulating, "a systematic therapeutic approach to post-traumatic psychopathology and to recognize that treatment needs to be adapted to the different stages of the evolution of post-traumatic stress reactions" (p. 1). Janet's approach to trauma treatment contained the following stages:

- Stabilization, symptom-oriented treatment and preparation for liquidation of traumatic memories.
- 2) Identification, exploration and modification of traumatic memories.
- 3) Relapse prevention, relief of residual symptomatology, personality reintegration, and rehabilitation (p. 382).

Moreover, Herman (1997), in her benchmark trauma work also proposes a tri-phasic model of trauma intervention. The fundamental stages are "establishing safety, reconstructing the trauma story, and restoring the connection between survivors and

their community" (p. 3). Western trauma specialists generally concur that each stage includes:

- Stage one balance attainment: the aim is for a trauma survivor to attain some level of balance in their day-to-day psychological functioning by applying skills to manage trauma symptoms (Roberts, 2000). It is "time-limited and goal directed" (p. 9) and is often referred to as "psychological first aid" (Australian Psychological Society, 1954, p. 4), particularly in the acute stage immediately following a traumatic event (Roberts, Yona Damundu, Lomoro & Sondorp, 2009). According to Herman (1992, 1997, 2005), only when survivors are physically and psychologically safe, able to care for themselves and able to regulate their distressing emotions, can he or she safely move to the next stage of trauma recovery. This is compatible with the primary aim of the TREP, "to help people mobilize and draw on personal and environmental resources for effective coping and to relieve life stressors and the associated stress" (Gitterman, 2002, (p. 106).
- Stage two self-confrontation: a trauma survivor confronts and processes traumatic material and addresses how trauma has defined their sense of self and their relationships (Roberts, 2002; Rothschild, 2010; Schiraldi, 2009). This occurs in a climate of safety and pacing.
- Stage three emotional regulation: a trauma survivor recalls memories and learns to regulate emotions to manage traumatic stress triggers. He or she integrates new emotional experiences and new self-concepts, forms relationships and assigns new meaning to the trauma (Herman, 1997; Hoff, Hallisey & Hoff, 2009; Roberts, 2002; Rothschild, 2010; Schiraldi, 2009; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005; Williams & Poijula, 2002).

The TREP is shaped by the premise that the first stage is usually the longest and is crucial to treatment success (Courtois, 2008). The selected therapeutic approaches and tools of counselling, that are taught to the trauma-counselling trainees, provide interventions for stage one. Accomplishing stages two and three may take from one to three years (Roberts, 2000). The stages are not linear and the boundaries between stages are relatively fluid and demanding and intervention during one stage may need to be revisited during another stage. Nevertheless, the starting point for trauma

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intervention in war torn societies like Uganda and Sri Lanka would include the application of stage one of the tri-phasic model of trauma intervention. Dass-Brailsford (2007) asserts that most counsellors "use a combination of approaches depending on their training and background" (p. 52); however, the final choice is determined by what the client needs in their recovery process:

When shaping interventions, the therapist must consider the client's cultural and social background. The therapist's awareness of these factors inevitably affects the progress of treatment. If practitioners are not familiar with the culture of the client, they should make every effort to gain this cultural understanding (p. 52).

How effectively can the Western TREP utilise the tri-phasic model of counselling with its accompanying interventions to help the trainees manage their trauma?

CHAPTER 3

THERAPEUTIC APPROACHES AND TOOLS OF COUNSELLING THAT RELATE TO THE TREP

"Trauma is neither a disease nor a disorder, but is rather an injury caused by paralyzing fright, helplessness and loss" Levine (2010).

Introduction

This chapter continues the literature review with an overview of the therapeutic approaches and tools of counselling that were utilised in the TREP (see Figure 5). The therapeutic approaches will be presented under their distinguishing features of basic principles, research and tools that apply the principles.

As stated in the introduction, the TREP is a dynamic curriculum (Appendix A) designed to adapt to the needs of each diverse cohort of trainees. Conducted in both Uganda and Sri Lanka over a three-day or four day time period (depending on the needs for an interpreter) the TREP draws primarily on selected Western developed therapeutic approaches and tools of counselling. Initially, the TREP consisted of an eclectic mix of Western trauma concepts that were taught at Wesley Institute, across a number of subjects, in a Masters of Counselling course. In 2004, on the researcher's first visit to Uganda, there was little global understanding or training on trauma and trauma treatment. The events of September 11, 2001 involving the attack on The World Trade Centre in New York, spawned a plethora of research into the effects of trauma that was previously absent. Since then, there has been significant progress in understanding neuroscience, the brain's response to trauma and the causes of PTSD. Hence, the TREP has also developed over the past decade to incorporate more up-todate trauma research. The current TREP incorporates selected contemporary Western therapeutic approaches and tools of counselling. These include Psychoeducation, Trauma-focused Cognitive Behavioral Therapy, Emotionally Focused Therapy, Positive Psychological Therapeutic Approaches and Narrative Therapy.

The specific therapeutic approaches and tools of counselling used in the TREP were chosen for several reasons. Firstly, these approaches and tools are underpinned by research that shows their effectiveness in treating clients who have experienced trauma, for example, in the TREP, the Psychoeducation tools are utilised to assist the

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participants to understand that their physical, emotional and cognitive symptoms are due to trauma, based on the Western counselling premise that unrecognized trauma symptoms can lead to significant psychological problems (de Jong, 2002).

Secondly, the selected therapeutic approaches and tools of counselling used in the TREP were chosen based on the researcher's prior experience in using them in trauma counselling. Thirdly, the researcher sought to investigate whether these Western therapeutic approaches and tools of counselling used in the TREP were effective in the collective cultures of Uganda and Sri Lanka. As previously mentioned, they are designed for the first stage of trauma intervention (Williams & Poijula, 2002; Williams, 1994). One of the primary values of the Western TREP is the trainer's duty of care to ensure that the trainees feel safe, both externally and internally, to enable them to acquire the skills necessary to manage their distressing symptoms in their day-to-day psychological functioning (Roberts, 2002).

Even though the cross-cultural effectiveness of the tools of counselling in the Ugandan and Sri Lankan contexts is unknown, it is well documented that culture-specific rituals similar to the principles in these selected tools "contain archetypal psychobiological processes for organismic healing that are universal and can be found in many cultures of the world" (Scurfield & Platoni, 2012); for example, a Ugandan ritual for cleansing and forgiveness involves stepping on a raw egg, a symbol of innocent new life that has not yet been tainted. This ritual is performed to welcome child soldiers returning from the bush and into the community (Jacobs & Reyes, 2006). Thus, it is necessary to investigate whether the therapeutic approaches and tools of counselling used in the TREP cross cultures.

The therapeutic approaches and tools of counselling employed in the TREP will be identified and discussed in the following sections as they apply to stage one of trauma counselling.

THERAPEUTIC APPRROACHES AND TOOLS OF COUNSELLING IN THE TREP

THERAPEUTIC APPROACHES	TOOLS OF COUNSELLING	
1. Psychoeducation	 Psychoeducational Aids for Working with Psychological Trauma 	
2. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	 4 Square Breathing Subjective Units of Distress Scale (SUDS) Containment and Grounding Tools Flashbacks Dreams and Nightmares 	
3. Emotionally Focused Therapy (EFT)	Couple Dialogue	
4. Positive Psychological Therapeutic Approaches (PP)	 Therapeutic Strengths-based Picture Cards Me at My Best 	
5. Narrative Therapy (NT)	• The Tree of Life	

Figure 5. Overview of Therapeutic Approaches and Tools of Counselling used in the TREP.

The therapeutic approaches and tools of counselling employed in the TREP will be identified and discussed in the following sections as they apply to stage one of trauma counselling.

1) Psychoeducation

The first approach that underpins the TREP is Psychoeducation.

Basic principles of Psychoeducation.

Psychoeducation is a type of Western developed therapy that provides a specific type of educational information to individuals, families or groups to augment and enhance trauma recovery (APS, 2010). Psychoeducation is a core component of TF-CBT. However, it is singled out in the TREP as a therapeutic tool because it is utilised by a wide range of clinicians possessing different approaches to counselling (AIPC, 2014). It operates within a multi-modal treatment concept (Bäuml, Froböse, Kraemer, Rentrop & Pitschel-Walz, 2006). In the TREP, trainees and their families in Uganda and Sri Lanka are often uninformed about "the meaning of specific symptoms and what is known about the causes, effects, and implications of the problem" (APS, 2010, p. 8). According to Briere and Scott (2006):

Many survivors of interpersonal violence were victimized in the context of overwhelming emotion, narrowed or dissociated attention, and, in some cases, a relatively early stage of cognitive development; all of which may have reduced the accuracy and coherence of the survivor's understanding of these traumatic events (p. 125).

Therefore, the goal of Psychoeducation in the TREP is to educate and normalise the traumatised person and their family about troubling trauma symptoms. However, this may inadvertently perpetrate Western notions of trauma symptoms and fail to account for different manifestations of symptoms in non-Western cultures.

The primary goal of any Western psychotherapeutic tool is to aid the individual, family or community involved in the TREP to apply scientifically validated processes to assist them and those they help, to develop healthier, more effective overall functioning (Hayes, Harvey & Farhall, 2013; Herman, 1992). The TREP trainer can assist in this goal by distributing "accurate information on the nature of trauma and its effects, and by working with the survivor to integrate this new information and its implications into his or her overall perspective" (Briere & Scott, 2006, p. 87). Thus, Psychoeducation is an important component of the TREP, as it is perceived to assist individuals and their family to accept that their symptoms are a result of trauma and to seek family and community support (Lukens & McFarlane, 2004).

Research on Psychoeducation.

Psychoeducation has a strong evidence-base and is one of the most effective evidence-based trauma recovery tools (Lukens & McFarlane, 2004). Studies on Psychoeducation report varied results for trauma treatment. A randomized controlled trial by Wong, Marshall and Miles (2013) on the impact of a Psychoeducational video on traumatised sufferers with a physical injury found moderate results with little or no effect after a month. Thus, it was recommended that Psychoeducation be combined with other modalities. This was corroborated by a study (Oflaz, Hatipoğlu & Aydin, 2008) with three comparison groups of earthquake survivors in Turkey, a culture similar to Uganda and Sri Lanka with a collective-based value system. It was found that Psychoeducation with medication in a combined treatment model, produced the most efficacy. Further, a study on the role of Psychoeducation in improving outcomes conducted at a hospital psychiatry clinic in Uganda found Psychoeducation to be "a relatively inexpensive and easy-to-apply mental health intervention in a developing country" (Prost, Musisi, Okello & Hopman, 2013, p. 270). Thus, Psychoeducation appears to be effective in trauma recovery when applied within an integrative therapeutic framework.

Tools that apply the principles of Psychoeducation.

A tool used in the TREP that applies the principles of Psychoeducation is the diagrammatic flip chart titled, *Psychoeducational Aids for Working with Psychological Trauma* (Fisher, 2009). The tool was utilised to educate trainees in the TREP about the neurobiological and physiological effects of psychological trauma in that trauma results from "an inescapably stressful event that overwhelms people's existing coping mechanisms" (van der Kolk & Fisler, 1995, p. 505) causing them to lose a "sense of control, connection and meaning" (Herman, 1992, p. 33). The trainees were educated that, "The core experiences of psychological trauma are disempowerment and disconnection" (Herman, 1997). It is generally believed that overwhelming stress such as political violence and civil warfare on the body's sensory and emotional coping mechanisms will result in psychological trauma (Bruner & Woll, 2011). This Psychoeducation tool normalises the trainees' ongoing difficulties with emotion regulation and day-to-day functioning.

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Trainees were also psycho-educated about PTSD. The Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR) states, "The disorder may be especially severe or long lasting when the stressor is of human design (e.g. torture, rape)" (APA, 1994, p. 464) such as occurred in the wars in both countries. Markedly, the Western construct of PTSD is based on a deficit medical model with treatment being a contentious issue. Some researchers believe that PTSD is a construct of an individualbased Western cultural system (Bracken, 2001) while Young (1995, as cited by Drozdek & Wilson, 2007) views PTSD as "one phase in a dynamic process of individual adaptation" (p. 9) to traumatic events. Notably, it was not until 1994 that sociologist Erikson shifted the notion of psychological trauma from an individualised context toward an examination of traumatised communities where whole communities, such as Ugandan Acholi and Sri Lankan Tamils, can be overwhelmed with profound and impending terror and danger. Erikson (1994) described collective trauma as a "blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of community" (p. 233). Perhaps the notions, cultural bereavement (Eisenbruch, 1991, p. 1) and chronic sorrow (Olshansky, 1962, as cited by Gordon, 2009, p. 1) are more appropriate to traumatised Ugandans and Sri Lankans than PTSD.

Cultural legitimacy of Psychoeducation.

In the TREP conducted in Uganda and Sri Lanka, Psychoeducation is usually delivered in combination with other therapeutic approaches and tools of counselling rather than being a stand-alone intervention. However, it is not known how effective the tool is for trainees. Interestingly, Foa, Keane and Friedman (2000) argue that "there is a growing recognition that PTSD is a universal response to exposure to traumatic events that is observed in many different cultures and societies" (pp. 2-3). However, the cultural relevance of PTSD with survivors of political violence and civil warfare in collective societies such as Uganda and Sri Lanka is questionable as protective factors such as social support may mediate PTSD symptomology; for example, an evolutionary and cross-cultural examination of PTSD contends that Western modern biomedical models view it as a "disease" accompanied by prevailing negative undertones (Fabrega, 2006). Biomedicine "leaves aside the self and its tie to ways of life and patterns of behaviour that have moral and spiritual implications" (p. 598). In fact, a review by Patel (1995) of explanatory models of sickness in sub-

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Saharan Africa argues, "the cause of any occurrence can be ascertained by divination, memory, reason and empirical judgment" (p. 1293). Undoubtedly, Non-Western populations such as Uganda and Sri Lanka function within a web of spiritual beliefs and practices, social networks and reciprocity. Maybe the destruction of these is far more traumatic to war-exposed populations than notions of trauma that are tied to an event (criteria for a diagnosis of PTSD). Thus, "there is a need for systematic research to determine the extent to which the treatments... that have proven efficacy in Western societies are effective in non-Western cultures" (Foa, Keane & Friedman, 2000, p. 2).

2) Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)

The second approach that underpins the researcher's TREP is evidence-based TF-CBT. TF-CBT is described as "a model of psychotherapy that combines traumasensitive interventions with cognitive behavioral [sic] therapy" (The National Child Traumatic Stress Network, 2008, p. 1).

Basic principles of TF-CBT.

TF-CBT is an approach developed by Cohen, Mannarino and Deblinger (2012), initially focusing on traumatised children who had experienced sexual abuse. It is now used as an efficacious treatment for adults. TF-CBT works with thoughts, beliefs and behaviour by exposure (using imagination, writing, or *in vivo* exposure), cognitive restructuring, and skills training to assist with emotional and physical adjustments. In the TREP, trainees are taught skills to manage emotional distress including breathing, relaxation, assertiveness and thought stopping (Cohen, Deblinger, Mannarino & Steer, 2004; Cohen, Mannarino, & Knudsen, 2005). However, it is beyond the scope of the TREP to help trainees to work through their traumatic experience/s *in vivo* due to limitations on time and resources.

Research on TF-CBT.

A large body of empirical research validates the use of TF-CBT to treat traumaassociated symptoms in children and adolescents in Western countries (Schnurr et al., 2007). Moreover, the Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and PTSD (APS, 2007) also recommend TF-CBT as the favoured form of Western treatment for adults due to its evidence-based effectiveness and this is supported by several researchers (Hoagwood & CATS Consortium, 2007; Cohen & Mannarino, 1997; Cohen, Mannarino & Knudsen, 2005; Cohen, Deblinger,

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Mannarino & Steer, 2004; Deblinger, Lippmann & Steer, 1996; Follette & Ruzik, 2006; King et al, 2000; National Mental Health Strategy, 2009; National Crime Victims Research and Treatment Center, 2007).

An example of research on TF-CBT is a study of youth in Norway, an individualistic culture that compared TF-CBT with therapies that differed from its core principles (Jensen, Holt, Ormhaug, Egeland, Granly, Hoaas, Hukkelberg, Indregard, Stormyren, & Wentzel-Larsen, 2013). The study reported the TF-CBT resulted in significantly lower levels of PTSD symptoms, depression, general mental health symptoms and significant improvement in overall functioning compared with youth receiving other therapies.

Given that TF-CBT includes the examination of beliefs and how these beliefs influence trainees' feelings and behaviour, then it is not essentially an approach bound by culture. In fact, several researchers used TF-CBT for panic attacks and PTSD among traumatised Cambodian refugees from a collective-based value system (Henton, Safren, Pollack, & Tran, 2006). During the study, treatment was adapted using the Buddhist principle of mindfulness combined with culturally sensitive CBT interventions to induce relaxation; for example, a culturally appropriate visualisation was utilised consisting of a lotus bloom spinning in the wind at the end of a stem while performing similar rotational movements at the neck. Thus, TF-CBT may be an effective cross-cultural intervention indicated for the TREP conducted in Uganda and Sri Lanka when it includes culturally sensitive adaptations.

Tools that apply the principles of TF-CBT.

Tools that applied the principles of TF-CBT in the TREP are:

- 1) Foursquare breathing;
- 2) Subjective Units of Distress Scale (SUDS) (Wolpe, 1969) (Appendix B);
- 3) Containment and Grounding Exercises (Appendix B);
- 4) Flashbacks (Appendix B); and,
- 5) Dreams and Nightmares (Appendix B).

The first tool, foursquare breathing is designed to reduce emotional distress. A box is drawn to illustrate how to slow down the breath. Trainees are taught to inhale for four seconds, suspend the breath for four seconds, exhale for four seconds, suspend the breath for four seconds, and then repeat the process by moving around the square again (Figure 6).

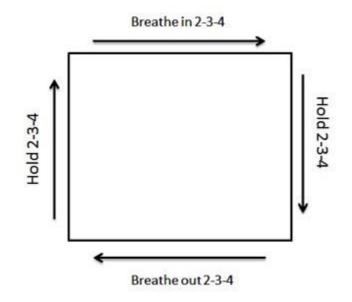


Figure 6. Foursquare Breathing Technique.

The second tool that applies the principles of TF-CBT in the TREP is the *Subjective Units of Distress Scale* (SUDS) (Wolpe, 1969) (Appendix B). The tool is a self-report method of communicating how much distress an individual (or group) in the TREP is currently experiencing by measuring the subjective intensity of distress or disturbance experienced at a given time. Ratings are constructed on a scale from 0 to 10. In the TREP session, the trainer demonstrated the SUDS tool and then trainees are divided into peer triads to apply and debrief the exercise.

The third tool that applies the principles of TF-CBT in the TREP is *Containment and Grounding Exercises* (Appendix B) that are adapted for the TREP. These exercises by Schiraldi (2000) and Williams and Poijula (2002) are designed to contain and manage emotional distress in order for an individual to function more adequately on a daily basis. The tool is appropriate for the first stage of trauma interventions that involves establishing physical and emotional safety including stabilisation, pacing and emotional containment (Herman, 1992; 1997).

The fourth and fifth tools, *Flashbacks* (Appendix B) and *Dreams and Nightmares* (Rothschild, 2010; Schiraldi, 2000) (Appendix B) that apply the principles of TF-CBT provide para-counsellors with safe trauma exercises. These exercises are simple enough for the para-counsellor to implement and are designed to empower trauma survivors with tools to manage and overcome distressing traumatic symptoms.

Cultural legitimacy of TF-CBT.

Studies on the cultural legitimacy of TF-CBT focus on "including cross-cultural modifications, while maintaining fidelity (delivery of essential components) to the TF-CBT model" (Cohen, Mannarino and Deblinger, 2012, p. 232). The National Child Traumatic Stress Network (2004) claims:

Cultural views often have a significant positive impact on behavior [sic] that can be congruent with clinicians' attitudes and expectations about how treatment can work. However, in some cases, family members may knowingly or unknowingly misinterpret the context of cultural teachings (p. 24).

An example is the cultural views displayed in the Hofstede (2011) femininitymasculinity dimension of culture, where collective cultures tend towards gender inequality with moralistic attitudes towards sexuality. Thus, the TF-CBT crosscultural trainer must be able to differentiate between overarching social values and those that are held by individual families (The National Child Traumatic Stress Network, 2004).

Specifically, the TF-CBT SUDS (Wolpe, 1969) tool was tested on sixty-one Western patients undergoing eye movement desensitization and reprocessing (EMDR) and it was found to have useful psychometric properties in terms of evaluating the level of overall distress (Kim, Bae & Park, 2008). It was also found to have global application (Tanner, 2012).

What is not known is how the trainees in the Ugandan and Sri Lankan TREP may adapt both TF-CBT tools to their local contexts. Thus, there is a need for this investigation.

3) Emotionally Focused Therapy (EFT)

The third approach incorporated in the researcher's TREP is EFT.

Basic principles of EFT.

EFT is a humanistic, evidenced-based, brief, integrative theory. Although developed primarily for couple relationships, EFT is also an evidenced-based therapeutic model for use with singles and families. More and more evidence suggests that *"nurturant solace"* offered by close relationships (such as committed couple relationships) protects people from physical and emotional illness and improves resiliency (Taylor, 2002). EFT is based on the belief that if individuals, such as the trainees, can go to their significant other when they are distressed or unhappy, reach

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out for them and have them respond and offer comfort, then a secure emotional connection is established (Johnson, 2002). The outcome is that outside stresses and traumas can bring these people closer rather than alienate them from each other (Johnson, 2002).

Secure attachment is a key element in recovery (Johnson, 2002). Studies by van der Kolk and McFarlane (1996) show that when a person has a connection with key people in their life it promotes their resilience from circumstances like chronic illness, war, past abuse, or rape. Trauma floods a person with helplessness, colours their world as dangerous and unpredictable and creates overwhelming emotional chaos, undermining their cohesive sense of self. Contrastingly, secure attachment is perceived to soothe and comfort, to act as an antidote, to offer a safe haven, to promote emotional regulation and an integrated sense of self and to build trust and confidence in the self, promoting openness to experience, risk-taking and new learning (Johnson, 2005, p. 37). The dilemma in trauma is the huge need for safety and connection coupled with a lack of trust and vigilance for danger (Johnson, 2005). This dilemma, according to Johnson can create ambivalent personal relationships.

According to EFT, "lack of a safe haven perpetuates the effects of trauma and the effects of trauma perpetuate relationship distress" (Lebow, 2005, p. 400) and lack of a safe haven. Johnson claims that if couples start to break this cycle, they begin to heal and that safe relationships create an incredibly healing environment. Therefore, its utility for TREP trainees in post-war, cross-cultural contexts such as Uganda and Sri Lanka is possibly indicated.

Further, an EFT approach involves accessing and exploring painful emotions in order to modify maladaptive ones and this usually transpires within the context of a "corrective emotional experience" (Sarles, 1994, p. 64; Corey, Corey & Callanan, 2003, p.48; Yalom, 2005). This can possibly occur between an trainer and trainees during a TREP and between couples in the TREP, when awareness is raised to see "the crucial significance of emotion and emotional communication in the organisation of patterns of interaction and key defining experiences in close relationships" (Johnson, 2004, p. 4).

The model consists of three stages and nine steps. The three stages are:

Stage 1) De-escalation of cycle.

Stage 2) Changing interactional positions (or restructuring key interactions).

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Stage 3) Consolidation and integration.

The goal of therapy "is to help improve couples' or family members' capacity to regulate emotions, solve problems, and communicate by promoting security in their relationships" (Karakurt & Kelley, 2009).

Violence as a possible result of trauma exposure was found to be the case in a study of Vietnam veterans by Byrne and Riggs (1996). It was found that PTSD and comorbidity with alcohol abuse was frequently associated with a cycle of trauma that led to the use of aggressive behaviour in relationships with intimate female partners. As this study used Western subjects, it is not known if there are similarities in the post-war countries of Uganda and Sri Lanka. Consequently, EFT would be contra-indicated if the majority of trainees in the TREP were perpetrators of partner violence. Alternately, EFT could still be applicable due to its attachment and systems focus. Thus, there is a need to investigate how local trainees in the developing countries of Uganda and Sri Lanka understand, cope and adapt EFT principles that are designed within a different cultural framework to their own.

Research on EFT.

EFT is one of the most thoroughly researched therapies (Clothier, Manion, Gordon-Walker & Johnson, 2002; Couture-Lalande, Greenman, Naaman, & Johnson, 2007; Denton, Wittenborn, & Golden, 2012; Dandeneau & Johnson, 1994; Gordon-Walker, Johnson, Manion & Cloutier, 1996; Halchuk, Makinen, & Johnson, 2010; Johnson, Hunsley, Greenberg & Schindler, 1999; Johnson, Maddeaux & Blouin, 1998; Makinen & Johnson, 2006; MacIntosh & Johnson, 2008).

Tools that apply the principles of EFT.

A tool that applied the principles of EFT in the TREP was couple dialogue. Although couple dialogue is not a conventional EFT tool it is congruent with EFT principles. Pioneered by Davis and Vera Mace in 1962 (Better Marriages, n.d.), couple dialogue was used to enhance the learning of participants and provide a different dynamic from a typical group discussion. Trainees often attend the TREP in the form of married couples and although couple dialogue is not specific to EFT, one of the primary EFT techniques is to create or "choreograph new interaction patterns" (Greenberg & Johnson, 1989, p. 164). Accordingly, couple dialogue was employed in the TREP by the facilitators as an experiential tool to model vulnerability and demonstrate communication skills and new interaction patterns. An example was when the husband and wife facilitators dialogued about not feeling heard by each other and then shared what they needed from each other in the area of listening.

Cultural legitimacy of EFT.

Traumatised couples in the TREP may possibly benefit from couple dialogue as a tool to facilitate "nurturant solace" offered by close relationships that can protect them from physical and emotional illnesses and improve resiliency (Taylor, 2002, p. 85). What is not known is how the trainees understand, cope and adapt the tool of couple dialogue within their close relationships. Thus, there is a need for this investigation.

It is anticipated that Ugandan and Sri Lankan trainee couples attending the TREP would benefit from adapting EFT principles to their sociocultural contexts. Similar primary emotions occur across cultures (Ekman & Friesen, 1975) with sociocultural variations in modes of expression, communication and meaning making (Mesquita & Frijda, 1992). Notably, EFT does not pathologise women (Vatcher & Bogo, 2001), a practice that occurs in some developing countries. However, EFT is contraindicated for violent relationships (Johnson, 2002), which could be problematic in developing countries such as Uganda where gender, power and privilege lies with structurally established male dominance (Mirembe & Davies, 2001).

4) Positive Psychological Therapeutic Approaches (PP)

The fifth approach that underpins the researcher's TREP included PP.

Basic principles of PP.

Martin Seligman developed the PP meta-theory (Duckworth, Steen, & Seligman, 2005) and stated, "Positive psychology is an umbrella term for the study of positive emotions, positive character traits, and enabling institutions" (Seligman, Steen, Park, & Peterson, 2005, p.410). Seligman (2003) contends that, "For the last half century psychology has been consumed with a single topic only – mental illness" (p. xi). Biswas-Diener and Dean (2007) add "positive psychology represents a much needed and quite contagious paradigm shift" (p. 215) from a focus on mental illness to mental health and wellbeing. While PP does not ignore genuine difficult issues, Peterson (2008, cited in Lopez & Snyder, 20011) states that PP is "a call for psychological science and practice to be as concerned with strength as with weakness; as interested in building the best things in life as in repairing the worst; and as concerned with making the lives of normal people fulfilling as with healing pathology" (p. xxiii).

Further, an important concept of PP is building resilience (Lemay & Ghazal, 2001). Resiliency is defined as "the dynamic process of healthy response and coping in the face of adversity" (Hamaoka, Benendek, Grieger & Ursano, 2007. p. 632). It refers to the "ability to recover readily from illness, depression, adversity or the like," the "ability to regain shape" and "resistance to adversity" (Tedeschi, 2012, p. 12).

Research on PP.

The preliminary findings of a study of PP exercises for depression by Seligman, Rashid and Parks (2006) found that "treatments for depression may usefully be supplemented by exercises that explicitly increase positive emotion, engagement, and meaning" (p. 786). There is also a growing body of research that believes human beings, such as war traumatised Ugandans and Sri Lankans, are born with an instinctual capacity for resilience (Zolkoski & Bullock, 2012) that may be mined in the TREP.

Similarly, strengths-based practice is a social work theory that is significantly linked to PP. It focuses on empowering individuals, families, communities and groups to recognise and respect the strengths and resources they bring to calamity. Trainees in the TREP are supported to use their identified strengths to aid their recovery, determine future aspirations, and set future goals (McCashen, 2005). The approach shifts from traditional paradigms that identify and focus on problems and deficits, describing functioning in terms of disempowering psychiatric diagnoses and mental illnesses (Laursen, 2000; McMillen, Morris & Sherraden, 2004). Shechtman (2003) recommends the use of strengths-based interventions when dealing with highly stressed individuals and communities such as Uganda and Sri Lanka that have experienced continual threat. Park and Peterson (2008) agree and propose that the trainees in the TREP may mine their own potential, thereby forming a sense of identity that was stripped from them during their experience of profound trauma. The approach "provides a rare opportunity for a way of working that makes the best of what people have to offer" (Linley, 2008, p. 180).

Research shows that PP using strengths-based interventions in counselling supports wellbeing (Park & Peterson, 2009). Lyubomirsky, King and Diener (2005) in their meta-analysis of 225 studies found that happiness results from personality and past successes that tend to lead to "approach behaviors [sic] that often lead to further success" (p. 846). According to Linley (2008) a strength is, "a pre-existing capacity

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for a particular way of behaving, thinking, or feeling that is authentic and energizing to the user, and enables optimal functioning, development and performance" (p. 9). A phenomenological study by Scheel, Davis and Henderson (2013) of utilising client strengths in counselling found promising results in the increase in client wellbeing, hope and meaning. Also, applying a strengths-based approach in counselling is found to be effective for depression (Seligman, Rashid & Parks, 2006). Thus, evidence supports the use of the Strengths-based approach to improve relationships and enhance wellbeing.

Tools that apply the principles of PP.

Two tools that apply the principles of PP and the strengths-based approach are utilised in the TREP. They are:

- Therapeutic strengths-based cards such as *Photolanguage Australia* (Cooney & Burton, 2012), *Strengths* cards (St. Luke's Innovative Resources, 2014) and *Signposts* cards (St. Luke's Innovative Resources, 2008); and,
- *Me at My Best* (Seligman, Steen, Park, & Peterson, 2005; Yeager, Fisher, & Shearon, 2011) based on Seligman's work (Appendix C).

The first tool that applies the principles of PP is therapeutic strengths-based picture cards such as *Photolanguage*, *Strengths* and *Signposts* cards. Picture cards purchased from St. Luke's Innovative Resources located in Bendigo, Victoria, Australia, are developed using a Strengths-based approach. They operate as a therapeutic tool designed to externalise the impact of disclosing a problem, allowing the trainees in the TREP to talk about sensitive matters in a less threatening way than through direct self-disclosure (Cooney & Burton, 1986). For a space in time the trainees are separated from the problem and enabled to gain some control by disclosing how a problem influences and impacts those involved. In a group context like the TREP, picture cards can promote identification with other participants and support of one another by breaking down barriers and developing trust and closeness through the sharing of lives.

An example of the use of picture cards in the TREP is *Photolanguage Australia* (Cooney & Burton, 2012) cards that contain various pictures that depict diverse people and situations. During the TREP, *Photolanguage Australia* cards are placed on the ground and the trainees are instructed to walk around them and choose a card that symbolises their subjective meanings of trauma. They are then instructed to choose a

peer and share their card explaining why they chose it. The meanings of a word like *trauma* are idiosyncratic. Including the exercise in the program aims to determine:

- 1) What constitutes trauma for each trainee; and,
- 2) The sharing of stories.

The picture cards as therapeutic tools are not culture bound and could be adapted for use by local trainees. However, it is necessary to investigate how they understand, cope and adapt the use of *Photolanguage Australia* cards in contextual ways in order to determine their relevance.

The second tool that is included in the TREP that applies the principles of PP is an evidenced-based intervention based on Seligman's work called, *Me at My Best* (Seligman, Steen, Park, & Peterson, 2005; Yeager, Fisher, & Shearon, 2011) (Appendix C). Trainees are instructed to share their own trauma story (that provokes moderate emotional arousal) with a peer for three to five minutes. Their peer is instructed to listen for the storyteller's strengths and choose cards from the *Strengths* (St. Luke's Innovative Resources, 2014) cards that have been placed on the ground to share the storyteller's strengths. The storytelling also provides opportunities for the trainees to identify with others' stories of trauma and are able to recognise others' strengths throughout the telling of the trauma story. This may create new learning and the recognition of coping strategies.

Although these tools utilised in the TREP are underpinned by the principles of PP with a focus on Strengths-based practice, what is not known is how the trainees in Uganda and Sri Lanka understand, cope and adapt these tools that are designed within a different cultural framework to their own. Thus, there is a need for this investigation.

Cultural legitimacy of PP.

Resiliency is characteristic of human nature and found in everyone. The TREP trainer "must understand the intricacies of every person's inner resources, so that a person can be aided to tap into the inner mechanisms of healing" (Petronis, 2009, p. 58). The TREP trainer might allow for more nuanced understandings of resilience and view coping as a systemic process for the trainees (Ungar, 2010). According to PP, resiliency can be taught and tools and strategies are linked to CBT. Additionally, the quality of collective resilience that supports the individual in the treatment of trauma appears in traditional African and Sri Lankan cultures. The collective includes family

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relationships where there is an expectation that family members will remain together for life, serving as sources of belonging and support (Gashaw-Gant, 2004, p. 12). In Uganda that sense of belonging and support extends to the community, for example, "Among East Africans families, neighbors [sic] and friends constitute the best support system for an individual who is suffering from physical or mental illness" (Gashaw-Gant, 2004, p. 12). In fact, traditional religious instruction focuses on mercy, guidance and compassion and caring support is both a "religious and moral obligation" (p. 12). This sense of being supported within the family and community can lead to a sense of belonging, worth and resiliency. Moreover, explanatory models and cognitions offered by religion are sometimes "closer" to someone than scientific thinking and provide a protective function that may mediate resilience (Drozdek, 2013); for example, sharing of pain, forgiveness, life-long learning, and gratitude. Thus, the collective and primary religious systems in Uganda and Sri Lanka may serve to counteract or ameliorate the impact of the devastating experiences of protracted civil warfare and this is respected in the TREP.

Moreover, as a meta-theory that is not culture bound, PP could have applicability to traumatised communities such as Uganda and Sri Lanka. Kim, Yang and Hwang (2006) believe that the primary tenants of PP are significantly influencing mainstream cross-cultural psychology. Wong (n.d.) maintains that the cultural legitimacy of PP relies on balance and "the definition of a balanced PP is to bring out the best and heal the worst by preventing the excesses of character strengths and developing the positive potential in personal weaknesses. This kind of PP is applicable to both developed and developing countries and to individuals in both positive and negative territories" (pp. 11-12). The PP tools used in the TREP appear to allow the trainees to express their positive strengths that were experienced in the face of horrific trauma.

Finally, the researcher also believes that the PP tools used in the TREP are culturally legitimate, as they accentuate universal character strengths. The Institute of Public Administration Australia, South Australian Division Inc. (n.d.), argues that there are six universal broad categories of character strengths: 1) Wisdom; 2) Courage; 3) Humanity; 4) Justice; 5) Temperance; and, 6) Transcendence. These character strengths correspond to The PP framework developed by Peterson and Seligman (2004), who argue that they represent a mutual language for describing these features in humanity. Lopez and Snyder (2012) aptly contend that strengths that

allow people to experience wellbeing may differ in countries with different worldviews and that research is needed into what constitutes wellbeing in different cultures.

5) Narrative Therapy (NT)

The fifth approach that underpins the researcher's TREP is NT.

Basic principles of NT.

NT is a postmodern therapy that emphasises the "metaphors of story and narrative" (Akinyela, 2002, p. 37). NT is designed to assist the trainees in the TREP to explore the constraining or restricting "dominant" life story they believe about their lives and relationships in the context of where they were formed (White, 2011). The focus of NT interventions is to help clients to discover an alternate story by which they can create space for change and re-story their lives into more affirming and positive stories, beliefs and attitudes (Madigan, 2010; White, 2011).

A narrative approach in the TREP delves into the effects and meanings of a person's story and the implications for past, present and future behaviours (White, 2011). Hence, when trainees were invited to tell their stories during a TREP, meanings of words and implications were explored from a narrative perspective with the aim of allowing an alternate story to emerge from the dominant story (White & Epston, 1990). The structure of therapy consists of the following three stages:

- 1) Externalise the problem;
- 2) Re-author conversations; and,
- Re-remember conversations and re-connect with, or discard relationships (White, 2007).

Research on NT.

NT is developing a solid evidence base (Besa, 1994; Cashin, Browne, Bradbury, & Mulder, 2013; MacKean, Eskandari, Borjali & Ghodsi, 2010; Seymour & Epston, 1989; Silver, Williams, Worthington & Phillips, 1998; Vromans, 2008; Vromans & Schweitzer, 2010; Weber, 2006). Current cross-cultural initiatives and research into NT with Aboriginal communities in Australia looks promising (Denborough, Wingard & White, 2009; Dulwich Centre Foundation, 2009; Wingard & Lester, 2001). Arulampalam (et al., 2005), in their chapter on responding to the Sri Lankan tsunami, suggest using a narrative approach that involves the skill of "double-listening" (Yuen, 2009, p. 7); for example, the trainer in the TREP would listen to a trainee in order to identify more than one story – the story indicating the effects of trauma and another story based on how they responded to the trauma. This "effects versus responses" (Yuen, 2009, p. 13) to trauma double listening enables the trainer to engage trainees in personal agency.

Tools that apply the principles of NT.

A psychological support tool that applies the principles of Narrative Therapy utilised in the TREP is called *The Tree of Life* (Ncube, 2006). In the TREP this approach uses an everyday image of a tree as a metaphor for telling the story of an individual's life within a group setting and is applicable for vulnerable children, youth and adults. Hope and Timmel (1984) published the original version of *The Tree of Life*. David Denborough (2008) states that using *The Tree of Life* as a metaphor facilitates the sharing of stories in educational contexts.

When introducing *The Tree of Life* exercise in the TREP, the trainees were invited to draw an imaginative tree and progressively depict its roots, trunk, branches, leaves, seeds and fruits with each element representing a part of their life (Ncube, 2006). The exercise can take an entire day to complete and debrief. Importantly, *The Tree of Life* enables people to speak about their lives without becoming re-traumatised. Instead it builds their relationships with their own history, their culture, and meaningful people in their lives (Denborough, 2008).

Cultural legitimacy of NT.

Belonging to and knowing the story of one's people is fundamental to the human condition (Perry, as cited by Rose, 2012). Cultural genocide:

Is at the core of a destructive, transgenerational process that has many negative manifestations...the neurobiological consequences of stripping a community of culture, of their language, customs, religious beliefs or child-rearing practices are devastating...the neurobiological consequences of the destruction of a narrative for people are devastating (p. 10).

Thus, when working with psychologically traumatised populations such as the trainees in the TREP, it is expected that *The Tree of Life* provides an alternate safe method of dealing with challenging issues, for instance, loss, grief, and bereavement (Denborough, 2008).

This study investigates whether the Ugandan and Sri Lankan trainees adapt NT to their cultures. The Ugandans especially have a rich tradition in storytelling.

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Storytelling is complimentary to bearing witness and "it is this *call and response* interaction between the storyteller and the witnesses that actually *makes* the story and gives it meaning" (Akinyela, 2002, p. 37). It was hoped that the Sri Lankans would also engage with this therapeutic tool if it reinforced social harmony.

The Tree of Life exercise appears to be effective cross-culturally. It was codeveloped in 2006 through a partnership between Regional Psychosocial Support Initiative and Dulwich Centre Foundation by Ncazelo Ncube-Mlilo, a child psychologist from Zimbabwe and David Denborough from the Dulwich Centre Institute of Community Practice, Adelaide (Denborough, 2008). Ncazelo Ncube-Mlilo worked with vulnerable children in east and southern Africa and sought to provide psychosocial care and support to children affected by HIV and AIDS, poverty and war (RESPI, 2007). The exercise emerged as a safe method for children, adolescents and adults to address trauma, grief and loss issues and has been implemented in both Western and non-Western contexts: Australia, Burma, Canada, Chile, England, Kosovo, Nepal, Nigeria, Norway, Russia, South Africa, Sweden and United States of America (RESPI, 2007). Thus, it is expected that the trainees in the TREP conducted in Uganda and Sri Lanka would understand, cope and adapt the *Tree of Life* exercise to their contexts. However, the effects are not known.

Cultural Indicators of Hofstede's Three Dimensions of Culture in the TREP

The previous chapter discussed Hofstede's (1991) three dimensions of culture that are adopted from his model and incorporated into the TREP. These dimensions depict cultural values that are manifested in cultural practices. They are evident on three levels as "manifestations of culture at different levels of depth" (p. 9). These are: 1) symbols; 2) rituals; and, 3) heroes/heroines. These will be explained as follows:

- Symbols are "words, gestures, pictures or objects that carry a particular meaning which is only recognized by those who share the culture" (p. 7).
- *Rituals* are "collective activities...which, within a culture, are considered as socially essential: they are therefore carried out for their own sake" (p. 7). An example is the way people greet each other.
- Heroes are those who serve as models for actions and behaviour (p. 7-8) to manage trauma.

The TREP utilised the first two indicators in the following ways:

- Symbols. The trainees in the TREP are invited to utilise various experiential therapeutic tools as a way of expressing cultural symbols; for example, drawings, such as *The Tree of Life*, serve as a pathway to expressions of cultural meaning about their life journeys; and,
- 2) *Rituals*. The trainees attending the TREP accessed culturally healing rituals in their trauma recovery; for example, in Uganda communal sacrifices are offered to invoke blessings upon social activities, such as rites of passage (initiation, marriage, death, et cetera). The entire community using singing, performs similar grief and healing rituals, dancing, drumming and clapping, believed to invoke the spirits to offer support and cease acting in harmful ways (Degonda & Scheidegger, 2008). *Myel awal* is a ritualistic dance performed at an Acholi funeral (Otiso, 2006). Distinctive and exclusive tribal dances appear to accompany these ritualistic transitions.
- 3) Heroes. As collective societies, Uganda and Sri Lanka appear to be based on hierarchical structures of power and cultural conformity, tending towards high masculinity cultures (Hofstede, 2011). Thus, the TREP realises that the "heroes" in each society appear to consist of those in positions of high status, as well as real or mythic ancestors. Understanding how they represent cultural values would deepen the application of the TREP to reflect cultural practices in both countries.

Hence, certain symbols, rituals and heroes are utilised by Ugandan and Sri Lankan cultures in order to help individuals, families and their communities manage their trauma. How effectively can a Western TREP utilise these cultural indicators of the different cultural dimensions to help the trainees manage their trauma?

Summary

Chapter Two.

Chapter two examined the literature on how culture impacts the TREP. The chapter explored the notion of culture, the impact and transferability of the Western developed TREP, and culture bound issues. A model for understanding the research process was presented. Cultural differences in values systems were also explored along with the danger of cultural encapsulation and ethnocentrism and local indicators of distress. It was important to delineate the Western values that underpin the TREP

and compare them with collective values in counselling. Finally, the chapter explored the therapeutic relationship and tri-phasic approaches to trauma intervention.

Chapter Three.

Chapter three identified the therapeutic approaches and tools of counselling that are utilised in the TREP. These include Psychoeducation, TF-CBT, EFT, PP and NT. These are designed for the first stage of trauma intervention. The TREP seeks to provide training and skills within a safe context to enable trainees to take charge of their lives and assist others in their communities (van der Kolk, McFarlane & Weisaeth, 1996). What is not known is how the trainees in the TREP understand, cope and adapt counselling skills and strategies that are designed within a different cultural framework to their own. Consequently, a third research question emerges that is:

What cultural adaptations have the trainees made to the TREP and how are they implemented?

Thus, there is a need for this investigation.

CHAPTER 4

RESEARCH DESIGN

"I suggest that we think about the research process as a form of adventure... a positive, yet somewhat risky, enterprise" (Willig, 2008, p. 2).

"There is no such thing as a worthless conversation, provided you know what to listen for. And questions are the breath of life for a conversation" (Miller, 1965).

Introduction

The previous chapter explored the impact of culture on the TREP from the literature and described the therapies, approaches and tools of counselling used in the design of the TREP used for this study. This chapter: 1) explains and justifies the research design and qualitative methods used in this study; and, 2) examines how the data was analysed and how the primary themes were generated. Issues of verifications, trustworthiness and dependability of data, ethical issues and consequences are also considered in this chapter.

The major elements of the research design inform one another and are pictorially displayed in Table 8. Each part will be explained as it aligns with the purpose of the study.

Table 8

Research Design Framework							
Epistemology >	Theoretical Perspective ∑	Methodology	Methods				
Constructionism	Interpretivism	Ethnography	 Case study Interview Researcher observation Documents Researcher Researcher Participant Cultural artefact 				

Note.. Adapted from Crotty, 1998, p. 5.

Epistemology

Epistemology is concerned with "how we know what we know and to determine the status to be ascribed to the understandings we reach" (Crotty, 1998, p.18) Theories of knowledge or philosophical worldviews frame social inquiry and shape how knowledge is understood and interpreted. Epistemology has been described as "the theory of knowledge embedded in the theoretical perspective and thereby in the methodology" (Crotty, 1998, p. 3). Thus, the research design in this study requires acknowledging assumptions about knowledge that inform the theoretical perspective and methodology.

Constructionism provided a scaffold to investigate trainees realities because it recognises that on a macro level societies construct knowledge and make meaning of their worlds through social interaction that consist of discourse and communication (Crotty, 1998). Constructionism "provides a different perspective" in this study "with which to view the world that allows the unique differences of individuals to come into focus while at the same time permitting the essential *sameness* that unites human beings to be identified" (Ashworth, 2003, as cited by Darlaston-Jones, 2007, p. 20). As Crotty (1998) claims, "We come to inhabit a pre-existing system and to be inhabited by it" (p. 53).

Furthermore, constructionism posits that, "Meaning is *constructed* not discovered" (Horn, 2002, p. 163). The trainees' experiences and responses to the TREP are constructed by social realities that are not automatic but relative to their particular situation (Cooperrider, Whitney, Stavros & Fry, 2008). They cannot be generalised to every society and do not necessarily apply to people experiencing similar situations or even similar events (Feast & Miles, 2010). In other words, the Acholi in northern Uganda may construct meaning in different ways to the Tamils in northern Sri Lanka concerning the same or similar TREP. Even though both contexts are collective value-based cultures they may be quite different. Hence, constructionism constituted a suitable theoretical framework for this investigation because it required exploration into the socially constructed meanings and interpretations of the trainees' experiences of the TREP.

Theoretical Perspective

Epistemology is interconnected with the study's theoretical perspective (Crotty, 1998), that is, "points of view – eyeglasses, sensitizers – that guide our perceptions of

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reality" (Charon, 1998, p.10). The research purpose required a perspective that would help the researcher to understand and interpret how the trainees constructed meaning as they negotiated the TREP that was developed within a different culture to their own. The theoretical perspective utilised in this study was *interpretivism*, because the research purpose involved interpreting and understanding the social life of the trainees, and discovering meanings (Sarantakos, 1998, p. 40) regarding the Western developed TREP.

The majority of the literature has divided theoretical perspectives into two distinct paradigms that contain different assumptions about knowledge. The first is the scientific paradigm or *positivism* centred in objectivity and truth "using systematic techniques to study the external world" (Smith, 2012, p. 84). Positivism focuses on the causes that affect outcomes (Creswell, 2009, p. 7). The second paradigm is interpretive that views truth or reality as socially constructed (constructionism), subjective and based on individual meanings or interpretations in the real world (Guba & Lincoln, 1994). In order to investigate the research purpose a predominantly unstructured, exploratory approach was required that allowed patterns and themes to emerge from the interaction of the researcher with the participants' perceptions, feelings, ideas, thoughts, and actions in their natural setting (Thomas, 2009). Consequently, the inquiry did not lend itself to *positivism* or division into objective, quantifiable elements that could be measured and manipulated (Thomas, 2009). Rather, the research focus involved understanding and interpreting trainees' experiences of the TREP and what constituted knowledge for them. Thus, this study employed a qualitative interpretive paradigm that allowed for emergent design.

Interpretivism in this investigation meant that the researcher relied closely on their interpretations of what was seen and heard (Trifonos, 2014) based on "an assumption that knowledge is situated in relations between people" (Thomas, 2009, p. 109). Therefore, it is subjective. Accordingly, in this study the trainees were not passive recipients of knowledge because the TREP was interpreted through human agency (Howe, 2003) where that reality was "socially constructed" (Mertens, 1998, p. 11) and, "If men define a situation as real, they are real in their consequences" (Thomas & Thomas, 1928, p. 572, as cited by Merton, 1995, p. 380). It follows that the trainees' realities were entirely valid. Consequently, it was necessary for the researcher to maintain "empathic neutrality" (Patton, 1990, p. 55) when observing, describing and

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interpreting the Ugandan and Sri Lankan trainees' realities (Creswell, 2009).

An interpretive approach to human study is symbolic interactionism. Leeds-Hurwitz (2006) asserts that it involves, "making sense of the self and social roles" (p. 233). Symbolic interactionism suggests that on a micro, interactional level, people use symbols to interact and communicate with each other. Complex sets of meanings are perpetually transmitted through words, gestures, rules, and roles allowing people to interact, share experiences and communicate with each other in a meaningful way (Peterson, 1987). Meaning is created from individuals or "actors" (Blumer, 1969, p. 8) interpreting the behaviour of people in social situations and these shared behaviours become patterned, organised and symbolic over time (Blumer, 1969; Hewitt, 1984).

Blumer (1969) helped to shape the symbolic interactionism perspective with three basic tenets. The first concerns the individual, in that, "people act toward things based on the meanings that the things hold for them" (as cited by Pascale, 2011, p. 87), for example, a trainee may view "keeping the peace" as more important in relationships than speaking out and this thinking is embedded in their meanings of their actions. The second tenet is that actions are constructed within a society based on their meaning. These can vary between societies, for example, developing societies may value survival needs (food, shelter) more then acquiring material goods. The third tenet is collective action, in that, "the meanings of things are generated over time through human interaction" and are "modified during interaction through interpretive processes" (p. 88). In other words, the meanings become collective actions that are interlinked with individual actions. The "social act" of interaction in this study, while fundamental to analysis, allowed a focus on close up human interactions (Alvesson & Sköldberg, 2010), enabling the researcher not only to understand the social contexts surrounding the trainees' experiences of the TREP, but the meanings they attributed to them.

Interpretivism constituted a "meaningful matrix" (Crotty, 1998, p. 71) through which to view the trainees' meaning-making processes, because symbolic interactions influenced the trainees' present perceptions (Blumer, 1969; Hewitt, 1984), as they constructed their meaning in diverse ways, "even in relation to the same phenomenon. Hence, multiple, contradictory but equally valid accounts of the world can exist" (Crotty, 1998, p. 9).

Methodology

Research methodology constitutes, "a model, which entails theoretical principles as well as a framework that provides guidelines about how research is done in the context of a particular paradigm" (Sarantakos, 2005, p. 30). It provides suitable techniques and issues for enquiry that reflect a "set of assumptions about the social world" (Punch, 1998, p.28). An appropriate research methodology functions as a framework, a map and a guide for the researcher (Usher, 1996, p.15) to justify how the research design links "the choice and use of methods to the desired outcomes" (Feast & Miles, 2010, p. 3).

The study of the similarities and differences in and across the cultures of Anglo-Australia, Uganda and Sri Lanka is termed *sociocultural anthropology*. The branch of anthropology employed in this study to investigate each individual culture of Uganda and Sri Lanka was ethnography. Ethnographic research focuses on understanding the complexity of people's social and cultural lives (Bandyopadhyay, 2011). The researcher was "committed to uncovering and depicting indigenous meanings. The object of participation is ultimately to get close to those studied as a way of understanding what their experiences and activities mean to them" (Emerson, Fretz & Shaw, 1995, p. 12). Consequently, ethnographic design was appropriate because it allowed for "a depth of understanding lacking in other approaches to investigation" (LeCompte & Goetz, 1982, p. 32).

During ten years spent in Uganda and five in Sri Lanka, the researcher used field journal notes to record things that mattered such as subjective reflections, questions, conversations, situations, events, and observations. In this study these documents were not only a source of data collection but enabled the researcher to draw on years of experience in the field. The actual data collection period occurred from October 2013 to December 2015. Participants were recruited from the Ugandan TREP conducted in July 2104. The first cohort of participants were recruited from the Sri Lankan TREP in November, 2012 and the second cohort in August 2014. These will be explained in more detail in the following sections.

Methods

The following sections will identify and explain the data gathering methods employed in this research.

Case study.

This study employed the ethnographic design of case study because an in-depth approach to the "bounded systems" (Creswell, 2014) of Uganda and Sri Lanka was required where each case was limited by time and the activity of the TREP. Case study research is "both a process of inquiry about the case and the product of that inquiry" (Stake, 2005, p. 444) and it is useful for exploratory, descriptive and explanatory research such as this qualitative study (Yin, 1994). According to Yin (2003) "the distinctive need for case studies arises out of the desire to understand complex social phenomena" (p. 2) and it involves "a systematic inquiry into an event or a set of related events which aims to describe and explain the phenomenon of interest" (Bromley, 1990, p. 302).

Although used in conjunction with ethnography in this investigation, the case study differed in several ways (Creswell, 2014). The study focused on an in-depth exploration of each culture (Uganda and Sri Lanka) rather than an identified anthropological theme (Yin, 2008, as cited by Creswell, 2014) and was concerned with the process of the adaptation of the TREP within each culture rather than the study of the culture. The aim was to expand understanding of how culture influenced acquired skills and how the trainees adapted the TREP to conform to their collectivebased value systems. Moreover, the research orientation was outward rather than inward (this is described in the following section) and "official" time in the field was not as long as it would be in typical ethnography.

There is "a growing confidence in the case study as a rigorous research strategy in its own right" (Hartley, 2004, p. 323). Zucker (2009) argues that, "...no other descriptive method is possible or will get the level of description the researcher is looking for, except case study method" (p. 2). The case study method allowed for the "analysis of real world problems of which one has experience or is able to observe" (Davies & Beaumont, 2007, p.1), such as how the trainees in the developing countries of Uganda and Sri Lanka experience and adapt the Western developed TREP.

There were unique strengths of the case study methodology in this investigation. The first strength was "its ability to deal with a full variety of evidence" (Yin, 2003, p.8) that included the methods of interviews, cultural artefacts, observations and documents. Case study method assisted the researcher to choose appropriate strategies that increased the reliability of the research (Stake, 2005). Secondly, investigating two geographically bounded cases provided added evidence (Davies & Beaumont, 2007) and offered insights that might not have been achieved with other approaches such as empirical studies. Thirdly, the distinctiveness of each individual case contributed to contextual understandings (Stake, 1995).

Instrumental case study.

Moreover, an instrumental case study design was chosen because the focus was outward on the research purpose rather inward on the individual cases (Grandy, 2010). According to Stake (1995) the processes of exploration, description, explanation, and evaluation would be too complex for experimental designs or surveys (Stake, 1998, p. 8), stating that an instrumental case study is appropriate "when the purpose of case study is to go beyond the case." Further, Stake (2006, as cited by Merriam, 2009) claims:

In multicase study research, the single case is of interest because it belongs to a particular collection of cases. The individuals share a common characteristic or condition. The cases in the collection are somehow categorically bound together. They may be...examples of a phenomenon. Let us call this... phenomenon a "quintain"...This quintain is the arena or holding company or umbrella for the cases we will study (p. 49).

The quintain in this study was how trainees in the developing countries of Uganda and Sri Lanka understood, coped and adapted the TREP counselling skills and strategies that were designed within a different cultural framework to their own. It was this quintain that the study sought to understand. Stake (2006) argues that, "We study what is similar and different about the cases in order to understand the quintain better" (p. 6).

Case study settings.

A major issue in ethnographic case study design is access to the field (Delamont, 2004), namely conducting the TREP and research in the developing countries of Uganda and Sri Lanka and securing participants. However, access to the field was already established as the TREP had been conducted over a sustained period of years. Enlisting the support of key informants was necessary. Fontana and Frey (2005) advocate the value of selecting an informant who is an inside member of the group that is being studied "who is willing to…act as a guide and a translator" (p. 707). The researcher's prior experience of conducting the TREP and familiarity with each

country's context was deemed to be an advantage in previously establishing rapport and trust with the informants.

Therefore, existing key informants in each country that were known and trusted by the researcher were contacted through an invitation to participate in the study that was forwarded by email (Appendix D). These informants were the directors of the nongovernmental organisations (NGO) in each case study that previously organised the TREP. The invitation described the purpose of the study and what would be required of them. Both agreed to be informants and critical friends in the research process. They also agreed to conduct the TREP in northern Uganda and northern Sri Lanka and assisted the researcher to gain access to training sites, choose participants and organise interviews. Collaboration with these key informants also occurred concerning the research purpose, research protocol and interview questions. In addition, they assisted the researcher to explore the various themes that emerged from the interviews.

Informants were emailed an information letter (Appendix D) explaining the study and an informed consent letter (in the Sri Lankan case it was translated into Tamil by the key informant) that was distributed to potential participants for their perusal (Appendix E). Those who agreed to participate signed the appropriate form in the presence of each informant who explained any details that were poorly understood (Minichiello, Aroni, Timewell & Alexander, 2000, p. 104).

Issues in case study settings.

Issues that arose regarding settings will now be discussed as they apply to each case study.

Uganda. Two issues that arose in Uganda concerned the TREP. Firstly, it was requested that the TREP be conducted over three consecutive days. However, the informant arranged the training with the Anglican Bishop of the parish who dictated that it would be two days. The lack of control over participant arrivals and departures (many lived in remote villages with poor means of transport) meant that training for some was reduced even further. Other issues stated for reducing the TREP time included job pressures, leaving children in the care of relatives, and leaving gardens and livestock that needed constant attention.

Secondly, the local Bishop also compelled local Anglican clergy to attend. Cultural mores dictated that the Bishop's word was like a decree with accompanying sanctions

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for disobedience (this cultural value will further be discussed in the findings section). Therefore, most participants were involuntary attendees. This was reflected in the behaviour of attendees, the constant distractions of mobile phones, and the incessant shuffling of shoes on a concrete floor as attendees exited the door situated at the front of the room beside the trainer to answer their phones.

Sri Lanka. An issue that also arose in Sri Lanka concerned the first TREP in 2012. The researcher was under the impression that the TREP would be conducted over three consecutive days and interviewing would occur as soon as possible after the training. In reality, the TREP comprised two consecutive days with an extra morning for interviews arranged for the third day. Thus, the TREP conducted for this study was not ideal because it did not contain all the elements of the three-day TREP. Reasons given were participant travel times to the venue (trainees travelled for half a day each way), loss of time in their jobs, leaving children in the care of relatives, and gardens and livestock that needed attending to in their place of habitation.

In each case the researcher was only informed of the reduction in TREP time allocation on the first day of the TREP in each case. Therefore, it was necessary for the intended program to be rearranged without time to consider consistency in content between each TREP. In order to reduce the content of the TREP to two days, the time spent on *The Tree of Life* exercise was reduced to five hours instead of seven and the material on skills for dealing with flashbacks, bad dreams and nightmares was reduced to two hours instead of five. This meant that the trainer was sometimes rushing through the material with less time to practice the skills.

Additionally, one of the well-known symptoms of trauma has been associated with cognitive impairments involving memory and attention, such as confusion, disorientation and difficulty concentrating (Brandes, Ben-Schachar, Gilboa, Bonne, Freedman & Shaley, 2002). Thus, not being able to slowly progress through the teaching of information and skills needed for trauma recovery appeared to the trainer to be counter-intuitive for traumatised trainees because time was required to check understanding before proceeding. The 2014 TREP was conducted over a three-day time period.

Participant selection.

The primary informants were approached to choose participants who met the selection criterion as closely as is possible. Selection was purposeful because as Stake

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(2006) states, "For qualitative fieldwork, we will usually draw a purposive sample of cases, a sample tailored to our study; this will build in a variety and create opportunities for intensive study" (p. 24). There are "no rules for sample size in qualitative enquiry... it depends on what you want to know, the purpose of the inquiry, what's at stake, what will be useful, what will have credibility, and what can be done with available time and resources" (Patton, 1990, p. 184). Hence, the researcher collaborated with the key informants to generate a sample of convenience that allowed for an understanding of the quintain, namely how local trauma-counselling trainees in the developing countries of Uganda and Sri Lanka understand, cope and adapt counselling skills and strategies that are designed within a different cultural framework to their own. The researcher's intention was to invite six participants, who were considered to represent a cross-section of the people-helping population. The inquiry sought information rich data from a small number of participants as opposed to breadth.

The selection process was intended to produce a rich, in-depth examination of cases to add to cross case comparison (Creswell, 1998; Patton, 1990). The sample size was dependent on gathering enough data to adequately answer the research question within the allocated time frame of eighteen months and the availability of financial resources (Nigata, 2009). Nevertheless, Patton (1990) observes that, "The validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information-richness of the cases selected" (p. 185) rather than the number of participants.

The purposeful selection process was planned to be representative across genders, ages (from eighteen to eighty) occupations, educational levels, and variations in status (for example, a married person and a single person) in order to embody various developmental stages and levels of traumatic experience. Normally each cohort of TREP trainees consisted of between forty and seventy in each location. Invitees were to be drawn from among the next cohort of potential trainees. After listing the trainees the informants were instructed to select potential participants based on the following criteria:

 They were currently working as para-counsellors or professionals in areas of teaching, medical fields, counselling, psychology or clergy; and, 2) They were committed to completing the training program and performing follow-up tasks over an eight-month period.

The following procedures were intended for the selection process:

- Informants listed each category of occupation: teachers, medical fields, counselling, psychology or clergy;
- From each category of occupation, informants divided the list into males and females;
- Informants then listed each gender into age groups: 18-25; 26-30; 31-40; 41-50; 51-60; 61-70;
- Finally, six participants were chosen that were representative of the various occupations, gender and age groups.

Thus, the final number of trainees was seven in the Ugandan case study and nineteen in the Sri Lankan case study making a total of twenty-six participants overall due to several issues and dilemmas during the selection process and these will be discussed as they apply to each case study.

Issues in participant selection.

Uganda. Several issues arose in the Ugandan case study with regard to participant selection. Firstly, the local Bishop who dictated the length of the TREP also compelled local Anglican clergy to attend. Consequently, of approximately seventy attendees, sixty-four were male. Thus, the trainees consisted of mostly male clergy, rather than a cross-section of genders and occupations as intended.

Secondly, none of the prospective interviewees who were invited by the informant attended the TREP. This was not known until the day of the program. Nonetheless, the informant selected enough participants during the TREP who met the criteria and who were willing to be interviewed. Thus, a purposeful sample was planned but due to factors beyond the researcher's control, the sample was a sample of convenience. However, the change in the sampling process did not influence the findings. Even though the sample consisted of more males than females, they were clergy involved with the traumatised people in northern Uganda. Moreover, they were drawn from the same collective society - mainly clergy with religious training who had theological beliefs mixed with pagan and Christian convictions.

It was important that informed consent documents (Appendix E) were photocopied and explained to these prospective interviewees, as the researcher needed to address

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possible coercion by discussing the purpose of the study with the informants. Care was also taken not to jeapardise relationships between informants and the participants by providing all parties with a clear understanding that participant information would be protected and confidentiality respected. It was propitious that three of the seven interviewees (two males and one female) had previously attended the TREP.

Thirdly, the informant and the researcher's team of interviewers were scheduled to leave the area the following day along with participants who were to return to their homes. Their homes were situated in remote areas making it impossible to review their audio-recorded interviews and request further clarification. The overall selection process was somewhat disordered and chaotic, reflecting similarities in the process of organising and administering a TREP. The researcher's ongoing work and research within these cultural restraints requires sensitivity and patience by Western professionals who tend to be accustomed to punctuality and orderliness (Hofstede, 2011).

Sri Lanka. Several issues also arose in the Sri Lankan case study with regard to participant selection. Firstly, participants were selected from two cohorts. The first cohort of trainees consisted of nine female participants from the November 2012 TREP. The second cohort consisted of five males and five females from the August 2013 TREP. The total number of trainees from the two cohorts that were interviewed was nineteen.

Notably, in the second cohort, approximately two thirds of participants were returnees from the November 2012 cohort. The nine females from the November 2012 had already experienced *The Tree of Life* counselling tool, whereas the August 2013 cohort did not. The trainer decided to omit it from the second TREP, as most of the participants were already familiar with the tool.

In both case studies, the selection process was adjusted with the limited availability of those who strictly met the selection criteria (for example, TREP trainees in Uganda consisted mostly of male clergy). As in the Ugandan case, the change in the sampling process did not influence the findings, as all participants were involved in helping traumatised people and communities. Moreover, the selection process was hindered by chaos, noise, interruptions and time pressure. In actuality, participant selection occurred during and after the TREP that made it difficult to negotiate an ordered recruitment process; for example, some recruits either did not attend the TREP or left before its conclusion and the informant spontaneously replaced them with other recruits.

Participant Profiles.

Case 1: Ugandan participants.

The following tables and figures represent the Ugandan participants according to their pseudonyms, gender, age, religion, ethnicity, occupation and years of paracounselling experience. These characteristics are displayed in tabular form in the following Table 9.

Name	Gender	Age	Religion	Tribal Affiliation	Occupation	Counselling Qualification	Years of Para- Counselling Experience
Joseph	М	42	Anglican	Acholi	Clergy; Head teacher secondary school	Yes	9
Joan	F	27	Anglican	Acholi	Social Worker	Yes	6
Irene	F	54	Anglican	Acholi	Paid Church worker	Yes	19
Ronald	М	64	Anglican	Acholi	University Lecturer; Chaplain	Yes	30
David	М	65	Anglican	Acholi	Clergy	Yes	16
Maria	F	30	Anglican	Acholi	University Lecturer; Consultant Farming	Yes	7
Henry	М	47	Anglican	Acholi	Mission Coordinator	Yes	25
Esther	F	60	Anglican	Bugandan	Informant; Counsellor; Director NGO	Yes	30
Innocent	М	50	Pentecostal	Acholi	Informant; Clergy	Yes	15
Grace	F	42	None	Acholi	Informant; Director NGO	Yes	10

Table 9Profile of Ugandan Participants

Gender mix constituted six males and four females. Age range comprised a range from twenty-one years to sixty-five years with the majority in the forty to forty-nine year age grouping. Religious affiliation consisted of eight Anglican, one Catholic and one Pentecostal. There was a predominance of Anglican respondents. Tribal affiliation constituted eight Acholi trainees, one Lango experienced counsellor and one Bugandan informant. Occupations varied from preschool teacher, university student, secondary school teacher, adult education teacher, university lecturer, social worker, clergy, volunteer, farmer, religious worker, and NGO/human rights. Some respondents held two occupations. However, the trainees' occupations were predominately clergy/religious. The number of years of para-counselling experience range from four to thirty years with the majority being in the twenty to thirty year grouping.

Case 2: Sri Lankan participants.

The following tables and figures represent the Sri Lankan respondents according to their pseudonym, gender, age, religion, ethnicity, occupation, educational qualifications and years of para-counselling experience. These characteristics are presented in tabular form in Table 10.

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Table 10

Name	Gender	Age	Religion	Ethnicity	Occupation	Counselling Qualification	Years of Para- Counselling Experience
Fathima	F	27	Hindu	Tamil	Preschool teacher	Yes	9
Tharushi	F	23	Hindu	Tamil	Preschool teacher	Yes	5
Hiruni	F	21	Hindu	Tamil	University student	Nil	Nil
Bhagya	F	25	Hindu converted to Christianity	Tamil	University Student in Community Development/Planning	Nil	Nil
Sachini	F	22	Hindu	Tamil	Preschool teacher	Yes	2
Senuri	F	25	Hindu converted to Christianity	Tamil	University Student; Preschool teacher	Yes	4
Upeksha	F	28	Hindu	Tamil	Preschool teacher; Adult education teacher	Yes	5
Chathu	F	32	Catholic	Tamil	Preschool teacher	Yes	10
Sanduni	F	24	Hindu	Tamil	Farmer; Volunteer at Preschool	Nil	4
Suresh	М	45	Christian	Tamil	Social Worker; Clergy	Yes	15
Rashmi	F	35	Catholic	Tamil	Preschool teacher	Yes	15
Thilini	F	45	Christian	Tamil	English teacher; Volunteer Church worker	Yes	5
Kasun	М	45	Christian	Tamil	Social Worker; Clergy	Yes	13
Hasni	F	21	Hindu	Tamil	Preschool teacher	Yes	4
Supun	М	33	Christian	Tamil	Social Worker; Clergy	Yes	10
Tharindu	М	65	Christian	Tamil	Social Worker; Clergy	Yes	9
Isuru	F	27	Hindu	Tamil	Religious children's worker	Nil	9
Udari	F	32	Hindu	Tamil	Preschool teacher	Yes	8
Thilina	М	40	Christian	Tamil	Social Worker; Clergy	Yes	8
Ishan	М	45	Christian	Sinhalese	Informant; Director NGO	Yes	10
Amila	М	40	Christian	Sinhalese	Informant; Clergy	Yes	5

Profile of Sri Lankan Participants

Gender mix constituted eight males and fifteen females with a predominance of females. Age range was from twenty-one years to sixty-five years with the majority in the forty to forty-nine year age groups. Religious affiliation constituted nine Hindu, eight Christian and two Catholic with a predominance of Christian closely followed by Hindu. Ethnicity comprised nineteen Tamil trainees, one Tamil informant, one experienced Tamil counsellor, one experienced Sinhalese counsellor and one Sinhalese informant. Occupations varied from preschool teacher, university student, adult education teacher, social worker, clergy, volunteer, farmer and religious worker. Some respondents hold two occupations. The range of occupations comprised a predominance of clergy/religious workers, closely followed by preschool teachers. The number of years of para-counselling experience ranged from nil to twenty-seven years with the majority being in the zero to nine year grouping.

Data Gathering Procedures

Evidence collected was defined by the research purpose:

To investigate how local trainees in the developing countries of Uganda and Sri Lanka understand, cope and adapt counselling skills and strategies that are designed within a different cultural framework to their own.

The case study design in this research contained multiple data collection strategies illustrated in a conceptual diagram of Figure 7. The following sections explain and justify the data gathering strategies that were used in this study.

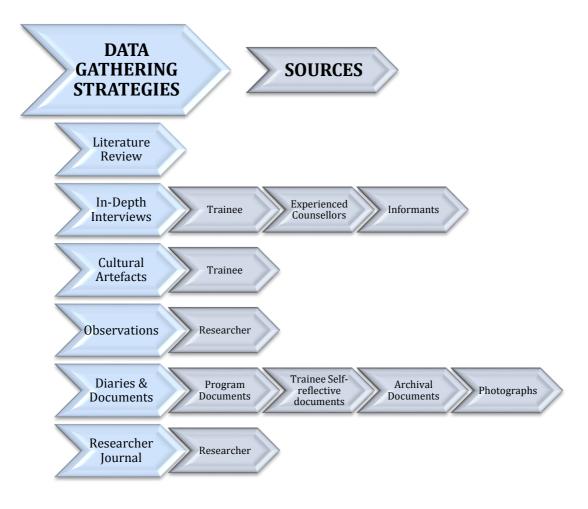


Figure 7. Data Gathering Strategies and Sources.

Interview.

Interview was used as a primary data gathering strategy in this study. Interviews allowed for the participants' voices to describe their own construction of "knowledge and social reality" (Nieuwenhuis, 2007, p. 87). Ugandan interviews consisted of seven semi-structured interviews with the trainees, one semi-structured interview with the key informant and two unstructured interviews with experienced counsellors.

Sri Lankan interviews consisted of nineteen semi-structured interviews with the trainees, one semi-structured interview with the key informant/experienced counsellor, one unstructured interview with an informant and two unstructured interviews with experienced counsellors.

Trainee interviews.

The trainee semi-structured interviews afforded a far more personal form of research than questionnaires and allowed for a rich account of the interviewee's understandings, definitions and meanings surrounding the TREP (Alvesson, 2003). Their flexible nature allowed the interviewers a certain amount of room to adjust or add questions based on the participants' responses. It was highly advantageous to build relationships of trust as the interviewers requested that the trainees "grant access to their lives, their minds, their emotions" (Lofland & Lofland, 1984, p. 25) and therefore it was crucial to treat interviewees with respect and consideration.

In both case studies trainee interviews were audio recorded. The interviewers were required to work within the constraints of travel, distance, time, and participant availability. Open-ended questions were designed to facilitate the telling of stories in the participants' own words with minimal direction from the interviewer. In a collaborative endeavour the interviewer and the trainees built a picture of reality (Denzin & Lincoln, 2003). It was not essential that the list of questions in the interview guide (Appendix F) be enforced. Rather, the questions served as reminders or prompts of what the researcher intended to probe (Thomas, 2009) allowing for similar areas of general information to be collected from each participant. This ensured the effective use of interview time and allowed the interviewers the liberty to systematically and thoroughly probe within predetermined, focused boundaries around areas of inquiry (Thomas, 2009).

In Uganda, seven trainee interviews were conducted following the TREP in July 2014. In Sri Lanka nine semi-structured interviews were initially conducted with

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TREP trainees in November 2012. However, upon analysis the interviews failed to possess sufficient depth. As qualitative research occurs in a "recursive" or "emergent design" (Thomas, 2009, p. 100-101), a further ten interviews were collected with another cohort of trainees in a separate TREP held in August 2013.

Moreover, the researcher overcame the interviewing issues by using multiple data sources to ensure the trustworthiness of the research. These included participant reflective journals for each session that were completed at the end of each day, cultural artefacts designed to stimulate the interview process, researcher observations and archival documents.

Informant and experienced counsellor interviews.

In both case studies, semi-structured interviews were conducted with informants and experienced counsellors (Appendix H) who had participated in the training either once or several times over the ten years of training in Uganda and five in Sri Lanka. In the Uganda case, an interview with the key informant was conducted during a visit to Australia in May 2015. The purpose of the interview was to understand how the informant interpreted the meaning of the phenomenon described in the research question (Kvale, 1996). In August 2014, the researcher conducted two Sri Lankan informant interviews in Colombo, Sri Lanka. By the time of these interviews the researcher had "developed enough of an understanding of a setting and his or her topic of interest to have a clear agenda for the discussion with the informant, but still remains open to having his or her understanding of the area of inquiry open to revision by respondents" (Cohen & Crabtree, 2006).

Moreover, in both case studies, interviews were conducted during pre-arranged meetings with experienced counsellors who were known and trusted by the researcher. Previous immersion in both collective cultures meant that the researcher held a position of trust and confidence developed both during the TREP's and relationships outside of the training. This allowed the experienced counsellors to open up and express themselves regarding their counselling practice and professional insights. Characterised by flexibility and adaptability, the interviews were semistructured following a similar format to the informant interviews in order for the researcher to remain open to possibilities. As the researcher's understanding of the quintain was still evolving there was continued access to experienced counsellors through email correspondence in order to continue to clarify data and ask further questions.

Interview guide.

An interview guide or schedule comprises a list of important areas or issues to be investigated by the interviewers during each interview (Hoepfl, 1997; Thomas, 2009). The researcher developed three interview guides. The initial semi-structured interview guide for trainees consisted of eight questions whereas the second was designed as a follow-up interview and consisted of fourteen questions designed to gather data on how the trainees utilised the TREP (Appendix F). The third interview guide (Appendix H) was designed for the informants and experienced counsellors. The purpose of all interview guides was to gain data on the three research questions. A table depicting the association between the research questions and the interview guides is found in Table 11.

Interview administration.

The researcher worked within the significant constraints of time, distance, travel, expense and participant availability. Nonetheless, all semi-structured interviews contained the following components:

- All interviewees were referred to the *Informed Consent* document (Appendix E) and debriefed about the interview process. Interviewee rights to confidentiality, the availability of counselling and/or support at no cost if interviewees perceived the need for it, and the right to withdraw at any time were reinforced.
- Each trainee interviewee was invited to display and talk about the cultural items they brought that represented trauma and recovery (this will be expanded in the section on CA).
- Trainee, informant and experienced counsellor interviewees were asked questions from their respective interview guides that focused on the themes in the research questions (see Table 11).
- 4) The discussion fluctuated depending on the trainee, informant or experienced counsellor interviewee's experiences, story and inclinations. However, the interviewers attempted to remain within the parameters provided by interview guides wherever possible.

- 5) Ugandan interviews were approximately forty minutes to one hour in length. Sri Lankan interviews were approximately one hour in length including translation time. Longer interviews were impossible due to the interviewees' recent trauma that manifested in lack of long term concentration and focus.
- 6) Table 11 presents a summary of how the interview questions reflected the research questions.

Table 11

	Research Questions	Trainees First Interview Guide Question No.	Trainees Second Interview Guide Question No.	Informants/Experienced Counsellors Interview Guide Question No.
1)	How do trainee trauma counsellors in developing countries describe the experience of the TREP?	1., 2., 3.	1., 10., 11., 13., 14.	1., 2., 3., 4.
2)	What part does culture play in determining what the trainees deem is useful and what is discarded from the TREP?	2., 3., 4., 7., 8.	1., 2., 3., 7., 8., 9., 11., 12.	4., 7., 8., 9., 10.
3)	What cultural adaptations have the trainees made to the TREP and how are they implemented?	5., 6., 7., 8.	2., 3., 4., 5., 6., 7., 8., 9., 11., 12., 13.	5., 6., 9., 10.

Relationship of Research Questions to Interview Questions

Cultural artefacts (CA).

CA is deemed to be a branch of cultural anthropology (Prown, 1982, p. 1). CA were used as a stimulus in the interview process to determine the Acholi and Tamil understandings of trauma and recovery. They provided a window (McFee & Degge, 1977) to look inside each culture. Political violence and civil warfare tends to signify interrupted educational opportunities and trainees needed "alternative data collection methods (like drawings) that give easier voice to marginalised groups or groups that might struggle in relation to language and literacy" (Theron et al., 2011, p. 51). Jung,

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Henderson, Jacobi, Jaffé & von Franz (1978) suggest that a symbol holds a repository of meanings in "more than its obvious and immediate meaning" (p. 4). Symbols were important in this study as they formed part of the "active construction of sense, knowledge, and behaviour" (Rafaeli & Worline, 2001, pp. 72-73) that is different to the interpreter's cultural milieu (Prown, 1982).

CA were built into the semi-structured interviews in phase one of the study and were introduced one month prior to attending the TREP. Key informants requested trainees to choose an artefact, object or item that represented trauma and another that represented recovery and bring them to their first interview to be held as soon as possible after the TREP. During each interview the CA was introduced by the following question, "What cultural artefacts have you brought?" The second question was usually, "What made you choose that item to represent trauma/recovery?" During the interviews, "shared analysis occurs in the initial interpretation of the drawing and again in the analysis of the collective drawings. Thus, the artefacts act as enablers to the participants that are "respected as the experts that they are" (Mertens, 2009, cited in Theron et al., 2011, p. 26).

Collecting CA was not uniform across the two case studies. Table 12 depicts the types of CA that were produced in the interviews in both countries. In Uganda, because no invitees attended the TREP no CA were produced and procedures for collecting CA necessitated modification. Thus, interviewees were asked to think of a CA that they would bring if they had been asked beforehand that represented trauma and recovery.

In the Sri Lankan case study, the nine female participants that formed the first cohort in November 2013, were asked beforehand to bring CA and they all brought drawings to the interview that represented trauma and recovery respectively. The ten participants from the second TREP that was conducted in August 2014 were recruited during or after the TREP and produced verbal representations of CA.

Table 12

Types of Cultural Artefacts Produced in the Interview

Ugandan Cultural Artefacts

TREP

July 2014

Verbal

7

Sri Lankan Cultural Artefacts

	First TREP November 2013	Second TREP August 2014		
Drawings	9			
Verbal		10		

During each interview the CA was introduced using the following typical questions:

- "If you could bring a cultural item that represented *trauma*, what would you bring?"
- "If you could bring a cultural item that represented *recovery*, what would you bring?"

"What made you choose that particular item to represent trauma/recovery?"

Training interviewers. The interviewers were three trained Anglo-Australian counsellors. The researcher ensured consistency of interviewing by listening to the nine female participant interviews (that were collected from the first cohort in the November 2012 TREP) when returning to Australia. Interviewers were coached in

Interviewers met for a full day of training before departing Australia. Training occurred in the following areas:

- Background information significant to the inquiry, including information about contextual political violence and civil warfare and its impact;
- Justification for the choice of participants;
- The process of collecting and analysing data;
- The importance of cultural sensitivity and allowing interviewees choice and control in the interview process (Campbell, Adams, Wasco, Ahrens & Sefl, 2009) without digressing into unproductive areas;

- Interviewer bias, including cautions about jeopardising the results of the inquiry, for example, suggesting an answer to a question or assuming particular ideas that were not suggested by the interviewee;
- Rehearsing semi-structured interview questions and interviewer technique with each other, in order to become familiar with the subject matter, interview format, and the importance of clear, concise questioning and to retain consistency;
- Interviewers were cautioned that recording devices may be intrusive and unreliable (Lincoln & Guba, 1990). Interviewers rehearsed multiple methods for recording the data in unobtrusive ways, for example, Apple iPhone and iPad; and,
- Interviewers rehearsed the use of a predetermined explanation about the purpose of the interview, obtaining informed consent, addressing the conditions of confidentiality and explaining the format of the interview (it would take approximately forty minutes to an hour depending on the need for translation), questions and clarification of the interview process (McNamara, 1999).

Training activities consisted of discussion, brainstorming, role-plays and personal reflection. Thus, interviewers were prepared as much as possible before departure from Australia.

Issues in interviewing.

Several issues and dilemmas emerged during the interview process. According to Bandyopadhyay (2011), "Researchers can encounter issues in the field that require them to change what they planned on doing" (p. 1).

Firstly, the researcher was concerned about what Yin (2009) refers to as poor recall of the interview. To overcome this and to ensure the trustworthiness of the research, the interviewers audio-record the interviews using two recording devices. Interviewees were informed of this at the commencement of the interview and asked if they had any concerns. All interviewees agreed to the recordings and the impact appeared to be minimal.

Secondly, while the interviewers attempted to choose interview locations that were relatively free from outside noises and distractions, in reality, they were often required to conduct interviews in the open air or under trees where they faced chaos, noise

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(from monkeys and traffic), continual interruptions from other people and lack of privacy. This sometimes led to frustration on the part of the interviewers that could not be overcome.

Thirdly, in the Sri Lankan case, brief participant responses that were sometimes given to open-ended interview questions possibly reflected several issues. The severity of participants' traumatic symptoms made it difficult for them to concentrate. It is well known that trauma symptoms have been associated with cognitive impairments involving memory and attention, such as confusion, disorientation and difficulty concentrating (Brandes et al., 2002) and could explain why some questions were ignored or seemingly not heard by interviewees. In addition, the interviewers stated that many participants appeared numb or distracted at times during the interviewing. These are distinct characteristics of PTSD, however, no interviewees availed themselves of the free counselling on offer. Moreover, the researcher's journal recorded that all the participants in the TREP were suffering significant degrees of traumatic stress; for example, observing participants experiencing a flashback during an interview was common. Another issue may have been poor interviewing technique. The interviewers were inexperienced in handling such severe trauma symptoms and sometimes failed to prompt for more information or keep the interviewees focused on the interview questions. They sometimes failed to intervene to bring interviewees back on track when they became involved in long trauma stories that were irrelevant to the interview questions.

Fourthly, it was mentioned earlier that upon analysis the Sri Lankan interviews conducted in November 2012 failed to possess sufficient depth. The researcher addressed this by scheduling a further ten interviews with another cohort of trainees in a separate TREP held in August 2013. The interviewers were instructed to ask openended questions about each response to ensure more depth of interview material. Moreover, the researcher overcame the lack of depth in the first Sri Lankan cohort by using multiple data sources to ensure the trustworthiness of the research, such as participant reflective journals, cultural artefacts, researcher observations and archival documents.

Fifthly, even though the researcher understood that there would be language difficulties in the Sri Lankan case and recognised the need for good interpreters, it emerged that the Sinhalese interpreter possessed limited Tamil language skills. The

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researcher overcame this by employing a Tamil-speaking independent reviewer residing in Australia to check all translations of the interviews. Confidentiality was obtained from translators in a signed contract designed to protect the trainees (Appendix I). However, it was a tedious, costly and time-consuming process.

As previously mentioned, the researcher also overcame the interviewing issues by using multiple data sources to ensure the trustworthiness of the research. These included participant reflective journals for each session that were completed at the end of each day, cultural artefacts designed to stimulate the interview process, researcher observations and archival documents.

Notes on language: in the Ugandan case study, fieldwork was conducted primarily in English with occasional use of the Acholi language accompanied by interpretation and translation as needed. Most participants spoke English proficiently and preferred to use English in a bilingual environment. The majority of the Acholi conversations were spoken primarily in English, except for a few key words that required interpretation by the interviewee when English translations did not do them justice.

In the Sri Lankan case study, the translation of the excerpts from participant interviews was not fluent. As an interpreter whose first language was not English translated participant interviews from Tamil into English, it was sometimes difficult to logically follow what the interviewees were conveying. However, even though the researcher has spent many years travelling to Sri Lanka to conduct the TREP and has generally learnt to capture the essence of a translation, it was still sometimes difficult. Thus, an independent reviewer checked the accuracy of each Tamil interview to provide verification of meanings.

Participants' names have been changed to maintain privacy. English names were used in place of the Acholi participants' names and pseudonyms found on the Internet were used in place of Tamil participants' names.

Observation.

Observation of participants in their natural settings is an important element of data gathering in ethnographic design. The natural setting in this study entailed carefully observing the trainees who attended the TREP. This observation led to richer understandings than interviews alone because the researcher was able to observe behaviour and perspectives from within the training context. Attention to the

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monitoring of cultural verbal and non-verbal cues and behaviours enabled the researcher to become aware of phenomena that the participants might not otherwise share (Patton, 1990). Nevertheless, the researcher attempted to refrain from losing objectivity by becoming over-involved with participants (Hammersley & Atkinson, 1983).

Notably, the primary critique of observation as a data gathering strategy is the possibility of observer bias where the researcher tends to observe what they regard as important and relevant to the inquiry (Emerson, Fretz & Shaw, 2001). However, Angrosino and Mays de Perez (2000) report that, "observational research is essentially a matter of interpersonal interaction" (p. 693). Observer bias can arise from ethnocentrism (LeVine & Campbell, 1972) mentioned in the literature review; for example, the researcher giving superiority to Western-developed psychology. The researcher attempted to neutralise observer bias by triangulating data sources, member checking where possible, continual reflection, declaration of researcher background, worldview and potential bias in the field notes, and ongoing discussion with key informants and supervisors.

Recording researcher observations.

Field notes about settings, people and activities supplemented by photographs (Hoepfl, 1997) provided the rich capturing of observations. Notes served as memory aids and according to Lofland and Lofland (1984) need to be compiled at the earliest opportunity following the observation. A *Researcher Reflective Journal* (Appendix G) based on Burgess (1984) three categories was developed to record important observations during each phase of data gathering. The categories were:

- 1) *Substantive* field notes focus on continuing conversations, situations, events, observations, interviews and document content (p. 135).
- Methodological field notes focus on the subjective reflections, processes and procedures of the researcher during the data-gathering phase of research (p. 139).
- Analytic field notes focus on preliminary phases of data analysis. The sorting, coding, and analysis begins to determine gaps and questions to follow-up (p. 140).

Examples of each category of field note are found in Appendix G. These field notes allowed for the possibility of corroborating inadvertent researcher bias by comparing

it to other forms of data.

Documents.

The journals and products produced by all the trainees (drawings and participant *Reflective Journals*) were part of the training and are considered as documents that the researcher included in the study. Other documents included researcher journals, emails, reflections, photographs, official records, media accounts of the war and post-war issues and published data from the literature review (Patton, 1990; Hoepfl, 1997). Researcher journals consisted of field notes that were collected by the researcher before and during the data collection period. For example, the researcher kept field notes on each visit to Uganda over the ten years of conducting the TREP and five years of field notes from the Sri Lankan TREPs. These documents are considered as archives in this study. Examining documents provided confirmatory evidence of other forms of evidence such as interviews and observations.

During a TREP there is a large quantity of information as well as associations between people and activities to observe and gather. Therefore, the researcher developed a *Participant Reflective Journal* that was distributed to participants as a "means to gain information in the minimum possible time" (Thomas, 2009, p. 166). Research participants were requested to keep a *Participant Reflective Journal* throughout the TREP documenting their experiences in the form of responses, thoughts, feelings, actions, opinions, views, interpretations, predictions, questions, ideas, regrets, or missed opportunities. Entries could be recorded in the form of drawings, notes, diagrams, mind maps, word clusters, and so on (Appendix G). Time was also allocated at the end of each session for the recording of participant observations. The journals were collected at the end of each TREP. The Sri Lankan informant translated the journals from Tamil into English and emailed them to the researcher. Comparison was made with the researcher's observations.

Data Analysis Procedures

Case study data analysis generates description, analysis, and interpretation (Wolcott, 1994). Data analysis in this study involved scrutinising a large amount of data and organising it in a way that not only made sense, it emphasised the cultural and social consistencies of Ugandan and Sri Lankan everyday life using rich, thick description. Analysis involved "an interplay between induction and deduction" (Strauss & Corbin, 1998, p. 137). All data sources were analysed from "bottom up"

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organisation into progressively more abstract, emergent themes while being careful to avoid making researcher impositions and respecting participant meanings (Creswell, 2009, p. 175).

The various phases of data analysis were interrelated and often did not occur in a linear process but simultaneously (Creswell, 2009). Emerson, Fretz and Shaw (1995) summarise ethnographic analysis by describing it as, "less a matter of something emerging from the data, of simply finding what is there; it is more fundamentally a process of creating what is there by constantly thinking about the import of previously recorded events and meanings" (p. 168). Therefore, an iterative process of "constant comparative method" (Glaser & Strauss, 1967, as cited by Freeman, 2005, p. 81-82) allowed the dynamic categories or codes to be created, modified, merged or replaced in a process that involved "a constant moving back and forward between the entire data set, the coded extracts of data that you are analysing, and the analysis of the data that you are producing" (Braun & Clarke, 2006, p. 16; Taylor & Bogdan, 1984).

The study was conducted in phases, allowing for the iterative process of data analysis (Creswell, 2008). Appendix K outlines the research phases and timeline. The initial phase involved identifying the research problem. Next, the literature was reviewed to gain a comprehensive understanding of the problem. Initial contact was made with key informants and TREP was scheduled. Interview guides, participant and informant information letters and informed consent forms were developed and emailed to informants.

In Figure 8, Creswell (2014) illustrates the second phase of the research process that involved data gathering and preparing it for analysis. Deciding when to stop collecting data was guided by several considerations. A primary consideration was obtaining enough evidence through triangulation of data sources to adequately answer the research question (Guba, 1978). Continual, progressive data collection and analysis informed data saturation (Higginbotham, Albrecht & Freeman, 2001).

Also, the second phase involved the transcription of the Ugandan and Sri Lankan interviews by the researcher. In the Sri Lankan case, they were sent to an independent reviewer in Australia for authentication. Informational categories were identified from raw data (Creswell, 2008). Following the final TREP in August 2014, the researcher entered all the raw data into NVivo, a software program for data analysis, including textual data (words, phrases, sentences, paragraphs), events or activities representative

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of participant perceptions, participant and researcher documents, participant reflective journals, cultural artefacts, photographs, the researcher's field notes and the literature review.

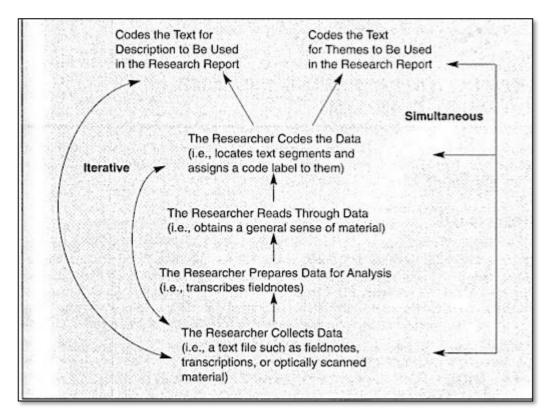


Figure 8. Qualitative Process of Data Analysis (Source: Creswell, 2014, p. 261).

Creswell's model of data analysis was chosen, as the coding process was suitable for qualitative research such as this study. As Creswell (2014) illustrates in Figure 8, the researcher read through the data to gain a "general sense of the information and to reflect on its overall meaning" (Creswell, 2009, p. 185). Member checking was conducted where possible. Then the rigorous process of *coding* occurred that involved an "analytic process through which concepts are identified and their properties and dimensions are discovered in the data" (Strauss & Corbin, 1990, p. 101). The researcher created wide-ranging, concept categories and sub-categories that were headed with a descriptive word; for example, *Religious Influences* into which phenomena was grouped within each case. These categories were "understood as the

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more or less operational definitions of variables" (Titscher, Meyer, Wodak & Vetter (2000, p. 2000). Additionally, NVivo memos were created to record the researcher's exploratory thoughts, questions and comments about specific words, phrases or sentences and these depicted the significance of the codes to the researcher. Creating conceptual memos continued throughout the coding and analysis phase creating "tentative ideas for codes, topics, and noticeable patterns or themes" (Saldana, 2013, p. 18). The researcher followed Creswell's (2014) model that contains an iterative process where, as previously explained the analysis led to further data collection.

Data analysis continued with the process of aggregating codes that involved "making connections between a category and its subcategory" (Strauss & Corbin, 1990, p. 97). Initial codes were re-examined to determine patterns, recurring ideas, and themes. Concepts were linked into conceptual groups/categories within each case and across cases. Inconsistencies were noted and new understandings emerged as the researcher determined whether interpretations were supported by adequate data.

Data analysis also involved thematic analysis that occurred after the coding process when similar codes were aggregated to form major concepts or themes. Thematic analysis is a qualitative analytic method for "identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail. However, frequently it goes further than this, and interprets various aspects of the research topic" (Braun & Clarke, 2006, p. 79). Thematic analysis, "seeks to theorize the socio-cultural contexts, and structural conditions, that enable the individual accounts that are provided" (Braun & Clarke, 2006, p. 14). A distinct advantage of thematic analysis was flexibility (Holloway & Todres, 2003) and the importance of practical outcomes in the "service *of human flourishing*" (Reason & Torbert, 2001, p. 5). "The process is highly intuitive" (Merriam 1998 p.156).

Thematic analysis enabled the researcher to "build additional layers of complex analysis" (Creswell, 2009, p. 189). Themes that occurred frequently were compared with each other and respondent attitudes were compared across a range of themes. Eventually, a central theme emerged that was related and interrelated to all other categories. The researcher followed the advice of Creswell (2009) to reduce and merge the categories to form five or six themes that may be used to compose the story.

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Notably, the thematic analysis phase involved a more abstract level of analysis (Strauss & Corbin, 1990) where a story was built from the interrelationship between the categories (Creswell, 2009). Accordingly, a rich, detailed account emerged as a written report of findings (Lincoln & Guba, 1985) that "closely approximates the reality it represents" (Straus & Corban, 1990, p. 57) that was accompanied by concise participant vignettes that provided confirmation (Stake, 1995).

The final research phase involved analysing and interpreting individual case codes and cross-case codes into major themes that produced a final report. The supervisors were regularly consulted during the entire data analysis process. Codes and emerging themes were discussed until saturation was reached and the themes and sub-themes finalised. Finally, Crabtree and Miller (1999) aptly describe this process when they state that:

Interpretation is a complex and dynamic craft with as much creative artistry as technical exactitude, and it requires an abundance of patient plodding, fortitude, and discipline. There are many changing rhythms; multiple steps; moments of jubilation, revelation, and exasperation... The dance of interpretation is a dance for two, but those two are often multiple and frequently changing, and there is always an audience, even if it is not always visible. Two dancers are the interpreters and the texts (pp. 138–139).

Analysing cultural artefacts.

Even though cultural artefacts (CA) were part of the interview process, their analysis and interpretation was somewhat different in the initial data analysis phase because a holistic understanding was required that obtained the deeper cultural meanings. Therefore, a preliminary analysis process was employed to obtain initial codes. The theoretical model (adapted from Prown, 1982) used to analyse and interpret CA is depicted in Figure 9.

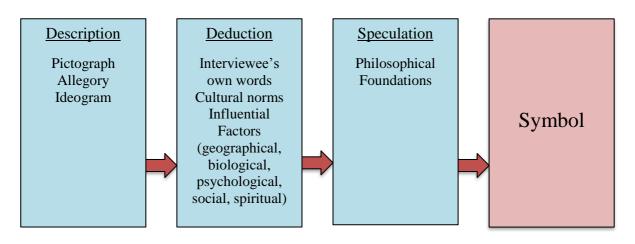


Figure 9. Model of Analysing and Interpreting Cultural Artefacts (adapted from Prown, 1982).

The model is based on the principles of semiotics that analyses CA on the following three levels:

- Description what can be evidently identified or observed about the CA? Examples include:
 - Pictographs "pictorial symbols" ("pictograph", n.d.) representing an idea (for example, several interviewees produced elements of the natural world as CA);
 - Allegories representations "of an abstract or spiritual meaning through concrete or material forms" ("allegory", n.d.) (for example, several interviewees produced human behaviours or events as CA); and,
 - Ideograms symbols representing "an idea or object directly rather than a particular word or speech sound" ("ideogram", n.d.) (for example, interviewee produced a broken egg and another a dried up tree as a CA).
- 2) Deduction What can be deduced about the relationship between the object and the perceiver? Deductions include interpretations of the symbolic meanings of CA; for example, the *description* of the symbol *owit owit* was an allegory of human behaviour. The *deduction* was based on the interviewee's own words, common sense, and sensory, intellectual and emotional engagement with the CA.

Deductions took into consideration the broader influential factors such as

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social norms. For example it was found that an Acholi social norm viewed an undisciplined person (such as one who publically expresses emotion) as creating disharmony in a culture where people are largely defined by their actions that lead to harmony (Asante, 1984). However, war-exposed Acholi may experience traumatic shame that involves "an intense overwhelming affect associated with autonomic nervous system activation, inability to think clearly, and desire to hide or flee" (Herman, 2006, p. 580). Thus, the symbol of *owit owit* is mediated both by the social norm and traumatic experience.

Added influential factors on deductions include:

- Geographical (northern Uganda following the war);
- Biological (trauma is recognised by others through bodily behaviour)
- Psychological (Western criteria for PTSD);
- Social (the inability to function and sustain relationships); and,
- Spiritual (the interviewee was a clergyman).
- 3) Speculation what assumption can be drawn from 1) and 2) that can be validated by external evidence in allied disciplines (religion, visual art, literature, psychology, sociology, et cetera); for example, psychology validates that the indicators of *owit owit* are consistent with the diagnostic criteria for PTSD. Speculations were organised with other data into initial codes for understanding and interpreting together with all the other research data using thematic analysis (Creswell, 2009) (Figure 8).

Thus, the CA analysis process, in both case studies, used description, deduction and speculation to create initial codes and provided valuable evidence that added to the triangulation of data.

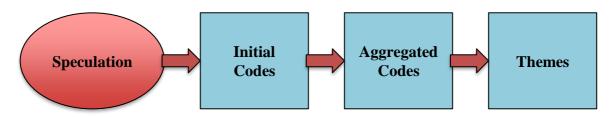


Figure 10. Model of Data Analysis of Cultural Artefacts (Adapted from Creswell, 2014, p. 261)

Cross-case analysis.

Cross-case analysis involved another level of analysis (Miles & Huberman, 1994) examining "themes, similarities, and differences across cases" (Mathison, 2005, p. 96). Cross-case analysis in this study included "both a way of aggregating across cases and the means for making generalizations" (Mathison, 2005, p. 96). Each case study was analysed using repetition or those "topics that occur and reoccur" (Bogdan & Taylor 1975, p. 83) to identify cross-case themes. The major topics were collated into a matrix that listed the number of times that topic appeared in an interview. For instance, the majority of both men and women mentioned the high incidence of domestic violence following the war as being a major social problem. The matrix permitted "a quick analysis down rows and across columns to see what jumps out" (Miles and Huberman, 1994, p. 242).

This process aimed to discover "present disparate, incompatible or even contradictory information" (Merriam, 1998, p. 193). According to Yin (2011), "Case study research demands the seeking of rival explanations throughout the research process" (p. 14) in order to challenge interpretations.

Verifications

Verification means establishing the trustworthiness or truthfulness in data gathering, analysis, interpretation and quality of the research (Pitney & Parker, 2009). Trustworthiness is defined as "a criterion for evaluating integrity and quality in qualitative research" (Polit & Beck, 2008, p. 75). However, even though verification strategies were essential much of their effectiveness depended on the researcher's reflexivity, sensitivity, responsiveness and skill (Creswell, 1997).

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Several researchers suggest strategies to determine the accuracy and credibility of qualitative research (Benz & Newman, 1998; Creswell, 2014; Denzin & Lincoln, 1994; Johnson, 1997; Lincoln & Guba, 1985). However, this study uses the four strategies proposed by Denzin and Lincoln (1994) that confirm the trustworthiness of findings: credibility, confirmability, transferability and dependability.

Credibility and confirmability.

Credibility signifies that the research findings are credible or believable to participants in the study and *confirmability* refers to the researcher's objectivity in documenting the procedures for checking and rechecking the data during the entire research process. The findings, interpretations and recommendations must be internally coherent (Denzin & Lincoln, 1994). Therefore, the following strategies verified credibility and confirm ability:

Reflexivity and Researcher Disclosure - involved clarifying the researcher's role, values and biases and making a serious effort to retain objectivity (Alvesson, 2003; LeCompte & Goebel, 1987; McMillan & Schumacher, 2001). The bi-directional influence of an interpretive theoretical perspective in this study necessitated the researcher's awareness of personal beliefs and philosophical stance about the nature of knowledge and assumptions of transparency (Alvesson & Sköldberg, 2010). This required personal reflexivity through discussing issues and interpretations with informants and supervisors; for example, the researcher's age, gender, ethnicity, language, religion, worldview, potential bias, values and personal interest, as well as the role of principal data gatherer, constituted potential influences on the interpretation of the data and the meaning-making process (Maree, 2007) and could not be entirely disregarded (Peshkin, 1988).

This role complexity tended to place the researcher as an insider, outsider, both, and neither at the same time (Mullings, 1999). As such, the researcher was acutely aware of differences in education and privilege. The researcher's commitment to continual recognition of multiple positions that required constant negotiation and renegotiation ensured trustworthiness, for example, the researcher attempted to co-create a collaborative process that was advantageous in creating a reflective space for the trainees and the researcher to learn together while allowing the trainees to give voice (Morgan, 2006) to

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their suffering. The researcher guarded against potential influencing factors by maintaining self-critical reports and constantly recording observations in field notes to enhance reflexivity (Patton, 2002), for example, different religious views expressed by the trainees on God and suffering were recorded in field notes. Later discussions with the informants and interviewers assisted the researcher to gain perspective on the researcher's standpoint that could potentially be transferred to the findings.

Undoubtedly, the researcher was also in a powerful position to say what did and did not constitute knowledge. Alvesson and Deetz (2000) suggest that, "recognising the interpretive nature of research means that no data, except possibly those on trivial matters, are viewed as unaffected by the construction of the researcher" (p. 113). The researcher addressed this by inculcating transparency by documenting (in field notes) those aspects of the researcher's status and professional background that potentially led to a focus on certain facets of the research situation and not others, for example, the researcher's training emphasised probing as a counselling tool, whereas in Uganda, probing was viewed with distrust and suspicion. Regular discussions "with both critical insiders and outsiders" (Stake, 2006, p. 77) such as the informants and the researcher's supervisors also added to the credibility and confirmability of the research, for example, the Ugandan informant revealed the importance of storytelling instead of probing to encourage self-disclosure. Thus, the informants in each setting were willing to act as critical friends who enhanced the researcher's reflexivity. Critical friends were "expected to act as a confidante/s or mentor and talk through the research at regular intervals, preferably from an insider perspective" (Lomax, 1996, p. 154). The researcher's critical friends in both Uganda and Sri Lanka supported the researcher in forming a critical perspective that enhanced reflexivity. This continued through email and telephone contact, for example, one particular reflective journal expressed religious views on the demonic in trauma symptoms. The meanings were discussed with several informants by email, in order to refrain from researcher assumptions.

 Triangulation - involved cross checking data using diverse and multiple sources (Denzin & Lincoln, 1994) to increase credibility and verify the

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findings. Stake (2006) states that, "Triangulation is mostly a process of repetitious data gathering and critical review of what is being said" (p. 34). Multiple data collection strategies that are depicted in Table 13 added to the trustworthiness and heightened the credibility of the research (Tuckett & Stewart 2004; Myers, 2009). Additionally, an example of triangulation at the micro level occurred with *The Tree of Life* counselling tool by:

- Interviews: trainees verbally expressed their responses to the tool;
- Reflective journals: trainees wrote about their experiences of *The Tree of Life* at the end of the day;
- The researcher's journal: observations of the trainees during drawing and debriefing of the tool were recorded; and,
- The researcher's archival documents: other experiences of the tool being used in previous TREPs over a ten-year period in Uganda and five-year period in Sri Lanka, were recorded.

Table 13Triangulation of Data

Research Questions	Interviews	Cultural Artefacts	Documents (Participant & Researcher)	Observat- ions	Researcher Journal
Research Qu. 1 How do trainee trauma counsellors in the developing countries of Uganda and Sri Lanka describe the experience of the TREP?	\checkmark	√	V	✓	√
Research Qu. 2 What part does culture play in determining what the trainees deem is useful and what is discarded from the TREP?	✓		V	√	✓
Research Qu. 3 What cultural adaptations have the trainees made to the TREP and how are they implemented?	✓		✓		✓

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3) Member checking - involved a process of verification by gathering data, making tentative interpretations and cross checking with informants and interviewees where possible by email to determine the credibility of the interpretations and the accuracy of the transcribed interviews (Creswell, 2008). However, the researcher was unable to member check with the trainees for verification, as most lived in remote locations without access to technology. In order to address this deficit, Tamil interviews were translated, transcribed and given to a Tamil independent reviewer in Australia for verification. In order to verify missing information, interviews were subsequently conducted with informants and experienced counsellors. The transcribed interviews were sent to the interviewees for member checking. None were changed.

Transferability.

Transferability is the generalisation of findings to other contexts (Merriam, 2002). It is not the purpose of this study to generalise the findings but to understand the phenomenon of how local trainees in the developing countries of Uganda and Sri Lanka understand, cope and adapt counselling skills and strategies that are designed within a different cultural framework to their own. Every context is unique and the purpose of qualitative research is not to replicate or generalise findings even though the conclusions must be consistent with the data collected (Merriam, 1998). Moreover, it is assumed that "multiple 'knowledges' can coexist when equally competent (or trusted) interpreters disagree" (Guba and Lincoln, 1994, p. 113).

Dependability.

Dependability refers to having clear, detailed, transparent research processes that can be replicated by another researcher. In this study, the NVivo audit trail involved the keeping of a transparent rendering of the research phases from the beginning of the study until the end to allow for examination of whether findings, interpretations and conclusions were trustworthy and supported by the data. The researcher's supervisors examined the data analysis process at various intervals. A chain of evidence was supplied through NVivo.

Ethical Issues

Ethics is a "set of guidelines that provide directions for conduct" (Keith-Spiegel & Koocher, 1995, p.xiii). A simple definition of ethics is the study of "right behaviour"

(Singleton & Straits, 2005, p.515). Research should be conducted in an ethically responsible way, considering moral, legal and safety issues (Livesey, 2006). In this study ethics involved applying "right behaviour" to three discrete areas:

- 1) Data generation and analysis;
- 2) Treatment of participants; and,
- Responsibility to society (Reese & Fremouw, 1984, cited by Singleton & Straits, 2005, p. 15).

These areas were addressed by mandatory ethics approval of the Australian Catholic University (ACU) Human Research Ethics Committee (Ethics Register Number: 2012 302N). Every care was taken to protect the rights of participants in this study. To prevent research data being used in unintended ways, informants and participants were notified in an information letter and informed consent document of all possible consequences of participation (Appendices D & E). Participants were informed that they were under no obligation to participate and could withdraw participation at any time.

Universal ethical principles.

Notably, research with human subjects requires a focus on universal ethical principles. Ethicists have recognised several fundamental moral principles that ought to guide decision-making (Corey, 2012; Corey, Corey & Callahan, 2006; 2010; Corey, Corey & Corey, 2009) and these principles are:

- *Beneficence* was achieved by accepting personal responsibility and ownership for the practical problems and solutions that arose during the research process (Corey, Corey & Callanan, 2010).
- *Non-maleficence* was achieved by ensuring that participants knowingly participated (Corey, Corey & Callanan, 2010).
- *Respect* for the cultural and religious diversity meant ensuring that the researcher was responsible and familiar with the restrictions and demands of participants' cultural and religious backgrounds.
- *Justice* was achieved by informing participants of the availability of on-site and post-interview counsellors.
- *Fidelity* was achieved as the researcher sought to build trust by creating a safe training and research environment for participants to share their stories and views of the TREP. Rapport was established through the building of this trust based on

respect for client autonomy and confidentiality throughout the research process. (Corey, Corey & Callanan, 2010).

These universal ethical principles provided a model for ethical decision-making in this study.

Consequences.

Consequences means that knowledge gained in this study should outweigh the risk of harm to participants (Kvale, 2008). The researcher addressed this by not plagiarising the work of others, nor skewing findings and conclusions due to internal or external pressures, including falsifying findings and conclusions in any way. Overall, the researcher attempted to offer sensitivity, respect and honesty to every participant in the study and provision for safe archiving of raw data and material for analysis was maintained to protect all concerned.

Overview of Research Design

This chapter has presented and justified the research design for this study. The theoretical framework of constructionism was justified and linked to the theoretical perspective of interpretivism using a symbolic interactionism approach. The chosen methodology was an ethnographic instrumental case study design in order to provide rich, descriptive data to investigate the research questions. In this study, ethnography allowed an understanding of how collective value-based societies such as Uganda and Sri Lanka construct situations that over time become patterned and organised. This chapter has shown how the research design allowed for a holistic examination of the research problem with the focus being on the phenomenon as a whole rather than the parts.

The research was conducted to understand the quintain of how local traumacounselling trainees in the developing countries of Uganda and Sri Lanka understand, cope and adapt counselling skills and strategies that are designed within a different cultural framework to their own. Two cases were utilised requiring "within-case analysis and the cross-case analysis" (Merriam, 1998, p.194). The central aspect of the research design was to identify key themes throughout using constant comparative analysis and thematic analysis. Data gathering and analysis were "developed together in an iterative process" (Hartley, 2004, p. 329) as "data analysis means a search for patterns in data" (Neuman, 1997, p. 426). The coding process enabled the researcher to organise and "make sense" of a sizeable amount of data gathered from each site as

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well as enunciate themes in a legible, productive and meaningful way (Boyatzis, 1998; Daley, 2001). Thus, inductive qualitative analysis of each piece of evidence from each case study allowed for the complexity of each case to be reduced and provided an "opportunity for a holistic view" (Patton & Appelbaum, 2003, p. 63).

Additional elements considered in this chapter included verifications, trustworthiness and dependability of data, ethical issues and consequences. The following chapter presents the findings and discussion.

CHAPTER 5

EXPERIENCING THE WESTERN TRAINING PROGRAM FROM A COLLECTIVE PERSPECTIVE

"The biggest change in our understanding of trauma treatment is its goal. What is important is not the story of the terrible things that happened but to develop a healing narrative with which the survivor can live now..." (Meichenbaum, 2014, cited by Fisher, 2014, p. 34).

Introduction

The next three chapters present the findings and discussion of the findings. In order to fully capture the themes that emerged from the data, the presentation of findings and discussion will follow a framework that logically progresses from the research questions. The research questions are:

- 1) *How do trainee trauma counsellors in developing countries describe the experience of a* TREP?
- 2) What part does culture play in determining what the trainees deem is useful and what is discarded from the TREP?
- 3) What cultural adaptations have the trainees made to the TREP and how are they implemented?

The research questions generated the structure and questions of the interviews.

The data provided key descriptive themes that are discussed in each research question. Vignettes and direct quotes are used in order to capture participants' experiences and these are highlighted by the use of italics. In order to protect the identity of participants, pseudonyms are used for respondents wherever the use of a vignette of a direct quote is warranted. Direct quotes taken from all interviews have been edited for comprehensibility where necessary while preserving their original meaning. Excerpts from archival data such as the researcher's journal entries are highlighted in boxes.

This chapter addresses the first research question that was:

How do trainee trauma counsellors in developing countries describe the experience of a TREP?

The findings and discussion on this research question focus on the trainees' descriptions, perceptions and experiences of the TREP. The key themes that emerged were:

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- 1) Ambivalent trainee expectations of the TREP;
- 2) Overall positive and transformative learning from the TREP;
- 3) Transformative self-experience facilitated counselling of others;
- 4) Active learning was a stimulus for self-experience and self-disclosure through the use of the therapeutic tools of counselling; and,
- 5) Acholi storytelling was a safe tool for self-disclosure.

These key themes will be discussed as they apply to each case study and research question one.

Theme 1: Ambivalent trainee expectations of the TREP

Initially, trainees in both cases were undecided about the usefulness of the TREP, although this was expressed differently. The Ugandan clergy trainees' participation tended to be involuntary and their initial responses showed little motivation to participate. Observations in the researcher's fieldwork journal and the trainee reflective journals that were recorded at the end of each day reflected clergy statements regarding how they had *"recently attended many conferences"* and they expected to sit in the TREP and receive more information that they considered *"would probably be irrelevant to them."* Two entries in the researcher's journal may explain these sentiments:

"Most are saying they have recovered, but their body language and ongoing nightmares indicate that this may not be entirely true."

"They said that they think they have recovered, but many are beating their wives and children. They are angry, violent and have a short fuse."

The majority of attendees did not perceive the need for a TREP, even though a precondition of attendance was the experience of trauma. This may indicate that even though the majority of the trainees were still experiencing debilitating trauma symptoms, they had formed some expectations of the TREP that may not have been positive.

Nevertheless, as the trainees' engagement in the TREP increased they identified with their persistent trauma symptomology through the therapeutic tool of Psychoeducation that was referred to in the literature review; for example, the researcher's fieldwork journal recorded how one male clergyman approached the researcher after a session on Post Traumatic Stress Disorder (PTSD) and communicated that it had been nine years since the war ended and trainees were going

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about their everyday lives. He asserted that for most trainees, *"There was a reluctance to enter deeply into trauma stories."* The researcher's fieldwork journal also recorded the following trainee conversation:

"It is not good to dig it up as there is no counselling available and no one to help them process it. They have found ways to live with the trauma symptoms but our women and children are scared of us." (Henry)

These statements possibly indicated that the trainees were still experiencing trauma symptoms that were brought to their awareness by the TREP and they either knew they needed long term help or they had chosen to leave the memories alone. The choice to participate in long term counselling is dependent on negotiating the treatment stages identified in the literature review. Once trauma survivors have progressed through stage one and are stabilised and functioning, it is necessary to enter into stage two, "reconstructing the trauma story" (Herman, 1997, p. 3) and later, stage three, "restoring the connection between survivors and their community" (p. 3). It appeared that assistance to negotiate stages two and three was unavailable to the Acholi survivors.

However, Rothschild (2010) asserts that sometimes the choice to leave the traumatic memories alone is the right choice and there is "no reason to revisit your past if you do not want to or if you do not see a value in doing so" (p. 49). She believes that a counsellor should not force or pressure a survivor, as it may "land you in a much worse condition" (p. 49). It appears that the only good reason for a survivor to revisit the past is "if there is something useful to be gained" (p. 55), such as processing painful, recurring memories, dealing with shame, constructing meaning from the traumatic events or ascertaining or healing negative thoughts that keep some survivors stuck (Rothschild, 2010). Otherwise, according to Rothschild, some survivors can "become decidedly worse" (p. 51) by revisiting the past. Neff, Kirkpatrick and Rude (2007) believe it is more productive to practise self-compassion that it "is linked to adaptive psychological functioning" (p. 150) and involves "taking a balanced approach to one's negative experiences so that painful feelings are neither suppressed nor exaggerated" (p. 140). The therapeutic tools of counselling identified in chapter three appeared to assist in self-compassion and the decision of what to do with traumatic memories (this will be discussed later).

Trainee expectations were also culturally influenced. The researcher had requested

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that the TREP run over three consecutive days. In actuality it consisted of two days because the informant arranged the training with the Anglican Bishop of the local parish who compelled the local Anglican male clergy to attend. Cultural mores dictated that the Bishop's word was inviolable with accompanying sanctions for noncompliance. The key informant declared, "*A Bishop is like God*." Therefore, the TREP cohort consisted of approximately seventy mandated male clergy accompanied by four voluntary females, people helpers in the community who, according to Maria had "*stood up to the Bishop*." The researcher's fieldwork journal recorded how this initial reluctance to participate was reflected in the behaviour of attendees. They were constantly distracted by the incessant shuffling of chairs and shoes on the concrete floor as various trainees exited the door situated at the front of the room to answer their mobile phones. They conducted their parish business as usual and this made the training environment somewhat chaotic.

Another factor in unenthusiastic responses was that the TREP was conducted through a non-local church-based NGO situated in southern Uganda. A "new and long-standing grievances (such as historic marginalisation)" (Advisory Consortium on Conflict Sensitivity (ACCS), 2013, p. vii) existed between northern and southern Uganda. Due to the historical relationship with the southern Ugandan sponsor of the training, it would be expected that the trainees would resist participating in the TREP. Some of the trainees were bitter concerning the perceived absence of southern Ugandan and Western NGO's during the war years, believing that they had been abandoned. This was illustrated in following researcher journal entry (Extract 2):

Uganda Journal Entry: 21 June 2009

The Diocesan Secretary opened the {TREP] workshop in Gulu and expressed what was to become a recurring theme - he told how during the war the wealthy of Gulu retreated to the safety of Kampala and the Western NGO's ran away. The poor had no choice but to stay and endure twenty years of torture and agony feeling abandoned by those who could have helped.

Extract 2. Researcher Journal Entry.

Thus, the Ugandan trainees were initially undecided and apathetic towards the TREP because in the words of van der Veer (2001), "This collective experience seems to include incidents of being left alone at the most difficult moments, and of being

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patronized by people who had not learned what it feels like to be part of a civil war" (p. 30). In the researcher's opinion, it would have been more beneficial for the TREP to consist of volunteers rather than coerced trainees because they may be more interested, attentive and aware of their need for trauma recovery education.

Trainees' initial expectations of the Sri Lankan TREP reflected a variety of motives: curiosity, desperation due to inability to function on a daily basis or being compelled by local pastors, spouses or friends. This is demonstrated in the following quotes that are representative of the majority of the trainees:

"Sri Lankan people do not know about their trauma. I found this through trauma counselling, that those people they don't know." (Lahiru)

"Actually when I came [to the TREP] I didn't know much of what was happening to me." (Tharushi)

Like most trainees, Tharushi articulated that when she was invited to attend the TREP she knew little about the causes of her continual debilitating flashbacks, nor what to expect in terms of trauma training. A possible explanation was the recentness of the war when the TREP was conducted. Not only were the trainees severely traumatised, they had received no previous training, psychological support or assistance making it difficult for them to compare the TREP with similar programs, Thilini stated, *"This is very new for us."*

Theme 2: Overall positive and transformative learning from the TREP

As the TREP progressed, observations that were recorded in the researcher's fieldwork journal indicated that the trainees became more engaged in learning. This was verified by the participant reflective journals, with the majority of the trainees in both case studies recording that overall, the TREP was positive and useful for them. The following quotes were recorded by two Ugandan participants in their reflective journals: *"The sessions made me think very deep"* and, *"Because of this training, I'm different. It has really, really transformed me."*

In the Ugandan case study, the benefits of the TREP ranged from helping to manage relationships, helping to manage trauma symptoms and learning life skills to gaining a toolkit of counselling skills. For example, Joseph described the positive impact of the TREP in his relationships:

"When I go back I am going to pass it on to my people. Or if I have an opportunity to talk to my wife, my friends...the first thing I am going to share

with her. And then I will be sharing more. I am a clergy and I will get the opportunity to help others who are traumatised."

Henry learnt life skills such as active listening and how to deal with trauma symptoms as demonstrated in the following quote:

"These trainings, I can also call them life skills training because you now see who you are and you know how you can come out of certain things. It is the kind of skills that you acquire for your life. So I have acquired many skills... One of them is listening. I don't just hurry with things as I used to do when I was still young..."

The learning also provided the possibility of a generational transmission of

knowledge and skills as Henry demonstrated in the following quote:

"And my three children also want to learn from me. Even now I am learning how to behave in the family because I have realised that my children are now trying to imitate whatever I do... "

Another participant recorded in the reflective journal how the TREP assisted in gaining insight and transforming previous attitudes towards forgiveness:

"First of all I feel it because I personally had to go through difficulties in my life experience. Indeed as I speak I am changed. I'm not the way I came and entered the room. I am getting all this insight. Nevertheless I have the hope that tomorrow and then a week on I have benefitted because it does help me to forgive and to learn. At least to forget [for a moment] and be together with the people has changed my attitude."

Joan's reflective journal stated that one of the benefits of the TREP was knowledge,

"What I'm taking back from this recovery workshop, one is the knowledge." Joan

summarised her overall experience as giving her a toolkit of counselling tools in the following quote:

"What I learnt through the counselling sessions that I've been in is what people undergo during trauma, the experiences they get and how they can handle it. We learnt of the grounding exercises ... and we learnt how you can be brought back to your senses and your memories when you're having a flashback."

Similarly, Irene communicated the benefit of possessing a toolkit of counselling skills to use in a variety of situations in the following quote:

"The way that the victim manifests themselves is different. Because of all these skills you can't say that maybe this one will be applicable to this one and this may not be applicable to the other one. So the skill I use may not be the same; it depends on the situation."

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Similar to Uganda, the overall usefulness of the TREP for the Sri Lankan trainees was evident. An example was when Lahiru, an experienced counsellor who attended two TREPs, wept during his interview, as he declared that there were no words to express how grateful he was to attend the TREP and how beneficial it was for his people and his country. Lahiru expressed that before attending the TREP, he was unable to name or find any answers for his trauma symptoms. Neither could he understand other people's behaviour resulting from trauma and even though he conducted trauma counselling, he did not know how to help others in their recovery. However, during the TREP he learnt knowledge and skills to manage his own and others' trauma symptoms. It was a very significant change for him as illustrated in the following summary:

"I think every note and every exercise is very, very important for Sri Lankan people. The war situation and disasters are [internalised] in people so this is very, very important to Sri Lanka to get the healing for their hearts in trauma."

Further, Fathima experienced the TREP as, "Very worth full – that is the summary I can give." In the following quote Tharushi encapsulates the positive and transformational learning that was also reflected in other trainees' responses from recordings in their reflective journals and their interviews:

"This is the greatest opportunity in my life that I have had and I will use it. I am using a word that translates to: it's a blessing. It's like a God given thing... And I want more like this to help my family... Actually this course has benefited me a lot. What I want to ask is if I can get more training like this and that will help me to come out of this, not only that I can live a better, better life."

With few opportunities to learn because of the tense political post-war situation, Thilini believed, *"This is like a pearl for us."*

Theme 3: Transformative self-experience facilitated counselling of others

Overall, the trainees in both case studies reported that the improvement in their own counselling knowledge and skills through the TREP was necessary for them to first effectively help themselves and then to counsel others. In the Ugandan case study, Maria demonstrated in the following quote:

"So for me I feel all the sessions are really so helpful and I learned a lot, and I want to try [to put them into practice]. Just waiting for the day when I go back, so that I go and deliver the information back to the villagers."

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Similarly, when asked in what ways he was changed by the TREP, Henry revealed how the self-experience was transformative in first helping himself and then others:

"I'm different now in the way I handle trauma...I used not to know how to come out of traumatic situations. I used to have so many traumatic feelings but now it's like because I went through some of this training I'm able to offer 'calmage' to easily come out of it."

Ronald also expressed how learning and rehearsing communication skills first transferred to his marriage and family relationships in a way that allowed for stress reduction. Henry found that the self-experience of the therapeutic tools of emotional containment and grounding were especially helpful for him and then others. Similarly, Joan used the therapeutic tools to manage her own traumatic symptoms and also learnt to listen to others before she began teaching others the counselling tools and skills. She reported a deep conviction that she needed to be able to heal herself before she could effectively heal others. Joan summarised the majority of trainees' responses to helping others:

"So when I was training, what I was thinking in my mind was when I go back, because next week I will be in the field, I will start giving them all those skills how you can comfort yourself in a traumatic situation. So my main intention is I'm going to transfer all this information to help my family and also the community I'm working with in those villages."

The Sri Lankan responses were similar. According to Assuntha, an experienced counsellor, the following statement summarised the majority of the trainee responses:

"They cannot give away to others what they do not know and are not dealing with themselves."

The researcher's recorded observations and the participant reflective journals articulate how anecdotal feedback from Sri Lankan trainees at the close of the TREP corroborated Assuntha's statement; for example, one participant's reflective journal (the participant desired to remain anonymous) recorded the following:

"I was able to re-think about my past. I too want to be a great blessing to many in my life. This is my greatest desire."

Thus, transformative self-experience in the TREP enabled the trainees in both case studies to recognise, understand and manage their own traumatic symptoms before transferring their newly acquired knowledge and skills to their local communities.

Theme 4: Active learning was a stimulus for self-experience and self-disclosure through the use of the therapeutic tools of counselling

Active learning worked as a stimulus for self-experience and self-disclosure in the TREP and concerned the content and presentation of the TREP. Content refers to the trainer's knowledge, attitudes, skills, aspirations and behaviours (Killion, 2008) that are reflected in the design of the TREP. Presentation relates to how effectively the content of the TREP was communicated to the trainees that possessed collective-based values, needs and attitudes, as well as various knowledge levels, languages and cultural differences (Mandel, 2009). All this determined how the TREP content and presentation were experienced, understood and adapted by the trainees.

The content and presentation of the TREP in the use of the therapeutic tools of counselling facilitated active learning that appeared to be an important factor in helping the trainees achieve: 1) a transformative experience in terms of dealing with their own trauma before counselling others, and, 2) self-disclosure. Two key strategies in active learning were: 1) the rehearsing of the therapeutic tools identified in chapter three of the literature review, and, 2) the use of the Acholi traditional avenue of storytelling; for example, the tools of counselling allowed the Acholi trainees to give voice to their stories through traditional storytelling, as this was an important means other than dialogue to express pain (Saul, 2014). In fact, Esther explained how the Ugandan trainees experienced *"having their own voices"* through stories, writing and/or drawing (this will be discussed in a later section). Alternatively, active learning for the Tamils in the use of the therapeutic tools of counselling in the TREP appeared to facilitate self-disclosure in similar ways to their Western colleagues.

Allowing trainee voices to be heard through the use of the therapeutic tools of counselling distinguished active learning (learning that is more comprehensive than any one strategy for practice) from hands-on learning (strategies of active learning) and enhanced the TREP experience for the trainees; for example, Esther explained how in Uganda, the picture cards tool facilitated active learning in the following quote:

"The picture cards were amazing. They held the card and said so much about their trauma that they would not say in their villages. Some of the men even cried – this is not done for Ugandan men. It does not normally happen in our culture."

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Trainees' experiences of the therapeutic tools revealed the importance of teaching, demonstrating, and rehearsing the tools of counselling in ways that promoted, in a psychological safe way, the trainees' self-disclosure; for example, Amila described how in Sri Lanka, the couple dialogue tool also facilitated active learning in the following quote:

"What you all [the facilitators] shared was very clear and especially to help us to listen... That was the main key. Not only the words, the words beneath, underneath the feelings, emotions, you know. So those things because our weakest part is listening... Teaching them to listen and to respect their feelings. Just to give a [safe] place for their sharing, that was the great thing." (Amila)

"In the aftermath of traumatic events, the ability to share with others concerns, discomfort, and painful feelings can serve cathartic functions and also activate social supports needed to deal with stress" (Raphael & Wilson, 2015, p. 245). Importantly, self-disclosure is described as a "social resource" that helps to alleviate trauma symptoms (p. 245). The TREP's tools of counselling gave the trainees in both case studies, a voice that appeared to override cultural constraints of emotional discipline and restraint (values that will be discussed in the following chapter). This resulted in increased engagement and participation (especially by those who would normally remain silent), as well as the ownership of knowledge and critical thinking skills (Settles, 2012). Thus, active learning in the TREP, through the use of the therapeutic tools of counselling, created a stimulating learning environment that facilitated self-experience and self-disclosure.

The therapeutic tools of counselling in the TREP were explained, demonstrated and rehearsed by the trainees. The content and presentation of the therapeutic tools facilitated their self-disclosure, enhanced their engagement, and increased their optimism and hope that they could better manage their trauma symptoms and transfer those skills to others. How each therapeutic tool facilitated these outcomes will be presented in the following sections.

In the Ugandan case study, all the tools were used with two exceptions. Firstly, the EFT tool of couple dialogue was not used, as there were no couple attendees in this TREP. Secondly, some of the tools that apply the principles of TF-CBT, namely flashbacks, dreams and nightmares were not used due to lack of time. The reason was that TREP was only conducted over two days instead of the intended three days.

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In Sri Lanka, all the therapeutic tools of counselling described in chapter three were used but this varied with each of the two TREP cohorts of trainees. The second cohort consisted of approximately two thirds of the participants that attended the first TREP. Hence, it was necessary to omit *The Tree of Life* exercise with the second cohort as many of them had already experienced it in the first cohort session and it would have been repetitive for the majority of the trainees (this was previously explained in chapter 4).

Tools of Psychoeducation.

The therapeutic tool of Psychoeducation by Fisher (2009) included both content on how trauma affects the brain and understanding PTSD. This was problematic in both cases, but especially in the Ugandan case. It was not culturally inappropriate per se, but inappropriate in the way it was presented due to the various levels of education, literacy and trauma skills that were unknown at the commencement of the TREP. The trainer found it challenging to adapt the presentation of Psychoeducation to the very diverse educational and literacy levels of the trainees. Unfortunately this information was not provided before the commencement of training.

In the Ugandan case study there was a factor concerning the suitability or appropriateness of the presentation of Psychoeducation; for example, Ronald's summary in the following quote is typical of most of the Ugandan trainee responses:

"[The TREP was] very, very academic in terms of ideas. I know they are factual about life but in terms of ideas... This is where many of the participants appear to be getting lost. The ideas pass across but actually the interpretation doesn't go home as it should be."

This was supported by two of the participant's reflective journals that recorded the difficulties inherent in a group that consists of a diverse range of psychological education about trauma, literacy and trauma skills. This variation may explain some trainee impediments regarding the more novel and complex parts of Psychoeducation. Consequently, the more educated trainees were distracted from their own learning by attempting to help the less proficient.

Several other factors may have influenced the difficulties that some participants experienced in Psychoeducation including:

 Severe trauma can produce symptoms such as short attention span and an inability to concentrate and focus (Fisher, 2009);

- Lack of a coherent personal trauma narrative can prevent assimilation of knowledge (Dimaggio, 2006; Klein & Boals, 2010; Salvatore et al., 2006);
- The differing capacities to counsel others due to the Ugandan's spiritual beliefs about illness and adversity through which the Psychoeducation information was filtered (this will be discussed in the following chapter); and,
- 4) It was deemed by the organisers that interpretation was not needed for the English language presentation of the TREP. Possibly, much of the more complex trauma concepts were lost on the less fluent and less educated in terms of English language skills.

Nonetheless, the interviews, participant reflective journals and the researcher's observations suggested that approximately two thirds of the Ugandan trainees understood the Psychoeducation tool on how trauma affects the brain; for example, the benefit to Joan was reflected in the following quote:

"Ah, what I've learned today is really the best. I've learned how to handle my own self and I think it will help me because before I help somebody else I will help myself first. I will know that if I am having a problem or bad memories I have to think of how I can use the grounding exercises to bring me back to normal - to switch on the thinking brain to start working again."

Joan was typical of the trainees who learnt how to recognise symptomology in themselves and others and how to apply trauma skills to manage symptoms. This learning increased Joan's optimism and hope, "*what I've learned today is really the best*." This is consistent with the literature review indicating that Psychoeducation is one of the most effective evidence-based trauma recovery tools (Lukens & McFarlane, 2004).

In the Sri Lankan case study Amila, a key informant perceived the Sri Lankan presentation of Psychoeducation to be beneficial for Sri Lankan Tamils. However, he cautioned, *"Some brief explanation is necessary but practising is better."* The researcher's fieldwork journal substantiates this because recorded observations reveal the difficulties of focusing and comprehending complex information when the trauma symptoms are severe. This is consistent with the research on how trauma symptoms are associated with cognitive impairments involving memory and attention, such as confusion, disorientation and difficulties in concentrating (Brandes et al., 2002; Fisher, 2009). Hence, Psychoeducation is beneficial when underpinned by concrete

examples, activities and discussion on how the information applies to trainees' particular situations.

Nonetheless, Fathima explained in her interview how, for the first time, she understood through Psychoeducation that her traumatic symptoms were "expressed through anger." She articulated that she periodically lapsed into unconsciousness as an escape mechanism to avoid feeling out of control and that her decision to utilise the emotional containment tools occurred when she recognised "how her brain was reacting to trauma." Psychoeducation appeared to be a culturally transferable tool of counselling in Sri Lanka. The reason may be higher levels of education where trainees are more experienced in dealing with complex concepts and have more exposure to Western ideas. Nonetheless, the Sri Lankan informant suggested that the Psychoeducation content should be briefer with the inclusion of more experiential learning, in order to engage trainees with the Psychoeducation tool.

Thus, the therapeutic tool of Psychoeducation appears to be an effective tool for trainees to understand their own and others' trauma symptoms and raises awareness of the need for emotional containment skills. However, the presentation of the tool needs to be brief and to include many concrete examples and exercises that are easily understood by trainees with diverse ranges of education, literacy and trauma skills.

Tools of Trauma Focused-Cognitive Behavioural Therapy (TF-CBT).

The therapeutic counselling tools used in the TREP that applied the principles of TF-CBT were: 1) Four Square Breathing, 2) the Subjective Units of Distress Scale (SUDS) (Wolpe, 1969), 3) grounding and containment exercises, and, 4) flashbacks, dreams and nightmares exercises. The researcher's fieldwork journal recorded how the tools were demonstrated and rehearsed during the TREP in both case studies, particularly when the trainees' storytelling and self-disclosure led to high trauma arousal symptoms. Trainees were facilitated to practise the SUDS and the Four Square Breathing tool, when emotional distresses began to climb and were encouraged to employ them in their everyday lives. Rehearsing this tool led to enhanced engagement as demonstrated in the following quote from a Sri Lankan participant's reflective journal:

"Through this exercises we are able to control trauma, anger, fear and also able to avoid the results of it."

This is consistent with the literature review, that states is beneficial to apply "trauma-

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sensitive interventions" (The National Child Traumatic Stress Network, 2004, p. 1) during the first stage of trauma intervention to maintain balance in day-to-day psychological functioning by applying skills to manage trauma symptoms.

The trainees experienced the TF-CBT tools as being culturally applicable. The SUDS (Wolpe, 1969) presented a simple visual display of a ladder to represent traumatic arousal that was easily understood. The Four Square Breathing tool offered trainees a simple, four step, visual process that could be used anywhere and anytime to manage their own and others trauma symptoms. In the Ugandan case study, Maria demonstrated this in the following representative quote:

"The best skills I've learnt is on the issue of how you can calm somebody who is in a terrible condition such as shivering, crying; how to start counselling that person. I'll use those skills."

According to Ronald, the Acholi were culturally accustomed to intercepting people presumed to be in distress. In his interview Ronald described a behaviour that represented a cultural expression of an emotionally low person. When an Acholi man walked in a certain stooped manner it indicated to others that he was extremely emotionally low and was soon going to die, possibly from suicide. If another person saw this man walking in this manner he must slap him and say, *"Hey, why are you walking like that! Stop walking like that."* Ronald believed it was mandatory for future generations to not only learn to reprimand people in this way, but to significantly now offer tools such as the Four Square Breathing to save their lives. According to Ronald, this tool was impactful because he could now intercept people in distress and help them.

The therapeutic tools of grounding, containing emotional distress, managing flashbacks and dealing with dreams and nightmares, were experienced by the Ugandan trainees as essential for enabling them to deal with flashbacks and to acquire internal and external safety in order to function on a daily basis. Esther, the key informant, articulated in her interview how she was receiving positive reports and stories from previous TREP's regarding how the trainees "*took those emotional containment skills and used them for themselves and then taught others*". In the following quote Joan summarised trainees' reflections on the benefits of learning the emotional containment skills in the TREP:

"What I'm taking back home is that I know that I'm undergoing trauma and I can overcome it. There are ways where I know I can use the skills to overcome

the situation that I'm in. And if my people can have the same situation, I can have a word for them and I know they can overcome it. I can make them to do a better life feeling when they use a grounding skill and they feel it kind of makes them move out of the situation they are in. So I think that is what I can take to them."

Similarly, Irene summarised trainee experiences in the following quote:

"The training we had, it really, really helped me...I was using the skills that were being facilitated then and even immediately after you were training us. Some of those things were coming out by themselves and you just find that you are really settling and that really helped me."

Thus, in Uganda the TF-CBT tools led to the management of trauma symptoms and the transfer of those skills to others.

Similar findings occurred in the Sri Lankan case study. The demonstration and rehearsing of the SUDS enabled the trainees to identify physical trauma symptoms that required the choice of utilising appropriate emotional containment tools. For instance, Fathima stated that she was able to rate her traumatic arousal as, "*In the SUDS Scale I am above 6.*" The SUDS helped her to recognise when she needed to use the containment and grounding tools that she had rehearsed in the TREP.

Furthermore, trainees rehearsed the TF-CBT tools in the TREP. When Udari's stress level rose about level five on the SUDS she would employ the Four Square Breathing tool. This helped her to calm her panic to a bearable level that enabled her to function both during the TREP and in her life in general; for example, as a teacher Udari stated how she often mixed with other schoolteachers and communicated with the many Hindu teachers as they left their children in her care. She described a time when she met a distressed woman, listened as the woman shared her problems, and then trained her how to reduce her stress level using the SUDS and the Four Square Breathing tool. A growing confidence emerged as Udari recognised that she could help others to overcome their trauma symptoms. This is demonstrated in the following quote:

"My husband also went through war experiences and because of that he gets quick anger and he expresses the anger by hitting me and I can't hit back. My stress level goes very high because I can't bear it and what I do to calm myself is that I use the technique of deep breathing and grounding."

Udari also expressed in the following quote how she was able to transfer the tools to others:

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"I also teach the same to others - how to face a situation when their panic levels are going up. And I'm not only teaching others but I'm using it with children also; with students in the morning before study I also use that technique to calm them."

Additionally, Lahiru named the SUDS tool "*the emotional ladder*" and stated that because it was numbered it helped him to understand his own and others' emotional distress levels. According to Lahiru, assisting a traumatised person consisted first of helping them to calm down to a manageable level using the TF-CBT tools before trauma counselling could continue.

Other trainees reported how the TF-CBT tools increased their optimism and hope. Tharindu reported how he rehearsed the Four Square Breathing tool during the TREP and experienced it as helpful in managing his severe trauma symptoms. Tharindu's background involved trauma experiences that he described as, *"I was really broken when I came to the workshop."* Before the war, Tharindu was able to fulfil his duties as a clergyman but his war experiences emotionally disabled him. Experiencing the TREP in general, and the TF-CBT therapeutic tools in particular, helped him to face the trauma in his life and subsequently minister in a confident way that enabled him to mentally focus on his ministry. An example is how he learnt from the SUDS tool that when his or others' breathing was very shallow and quick it was often an outward sign of an increased level of inner panic. Rehearsing the Four Square Breathing tool helped him to calm himself and enabled him to help others with similar experiences. This was supported by participant reflective journal responses. This is demonstrated in following representative quote:

"The tools help a person to stay calm and relaxed after a stressful event. They can also help a counsellor to calm down a stressful client or a traumatic event."

In addition, Hasni, a preschool teacher, recounted that when she was working at home her stressful traumatic symptoms would cause her to *"begin shouting and lose control of her body."* These arousal symptoms were relatively controllable during the day, as she could remain busy. However, during the night she experienced profound emotional arousal and devastating flashbacks reaching a very high level on the SUDS. Rehearsing the SUDS and the Four Square Breathing tools during the TREP equipped her to contain and calm her emotions at home.

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The majority of Sri Lankan trainees affirmed the experience of rehearsing and applying the TF-CBT therapeutic tools designed to manage and reduce flashbacks. The majority of responses to the flashbacks, dreams and nightmares exercises were described in the following quotes from participant reflective journals:

"Flashback - to erase it from my memories, I often say to myself it's only a memory."

"I have learned how to overcome and distract nightmares and flash backs. Appreciate you much for teaching me."

"I believed that nightmares were a result of my dreadful thinking but after the lesson I have come to understanding that its not. I am no more in fear of the nightmares."

The TF-CBT containment and grounding tools, designed for the first stage of trauma intervention, reportedly helped the trainees to return their focus to the present moment during experiences of panic and flashbacks; for example, Tharushi felt *"alive and strong…It's like self-protection, or self-caring and I did it."* She recounted how she was currently striving to practise the containment and grounding skills in her everyday life and was now *"expecting to be with the group rather than withdrawing."* In the following quote Fathima summarised the benefits of using the tools they learnt in the TREP for managing flashbacks:

"It's been there a long time a long time, and the memories are there and everyday the flashbacks are coming...When I learnt the teachings, what I take away is that when the flashbacks come now I have some happy thoughts because I can use containment skills and some are very painful thoughts. The flashback comes but now I can talk to myself – these memories are past and not happening now. And it's self-talk – it is not happening now. I can think it is true that I can have some sort of freedom."

Thus, the flashback tool facilitated Fathima's optimism, hope and confidence to manage her trauma symptoms.

Indeed, the majority of trainees experienced both the content and presentation of the TF-CBT therapeutic tools as positive and beneficial. The tools were found to be culturally effective and, consistent with the literature review, as useful for the first stage of therapy that involves establishing emotional safety including stabilisation, pacing and emotional containment (Herman, 1992; 1997). A possible reason may have been the cultural norm in both Uganda and Sri Lanka of the necessity of disciplining emotions. Thus, TF-CBT tools appeared to be an effective tool to help

them to control their strong emotions, to enhance their engagement during the TREP, to increase their optimism and hope that they could manage their trauma symptoms and to facilitate their transfer of these skills to others.

Tools of Emotionally Focused Therapy (EFT).

The therapeutic tool of couple dialogue that applies the principles of EFT was demonstrated by the trainers and appeared to stimulate the couples' attachment systems. This was illustrated by the following four examples. The first example, mentioned previously, was offered by the key informant who summarised the majority of trainee responses in the quote below:

"What you all [the facilitators] shared was very clear and especially to help us to listen... That was the main key. Not only the words, the words beneath, underneath the feelings, emotions, you know. So those things because our weakest part is listening... Teaching them to listen and to respect their feelings. Just to give a [safe] place for their sharing, that was the great thing." (Amila)

The second example was from the researcher's journal entry (Extract 3):

Sri Lanka Journal Entry: 12 August 2014

It is the second day of our first workshop. One of our goals is to create a safe place for couples to share their stories without judgment, shame and blame... It has been tough going against the long held fear of heart-to-heart sharing... the secrecy... the silence... the holding in... the shame of being seen as weak...

But we bare our vulnerable selves... the broken bits exposed... the impossible somehow has become possible... something breaks open and permission to break open is inhaled... slowly at first in long monologues that are stilted and boring until tears crack the heart and pain leaks out unconstrained... unfurling like a butterfly struggling to become that which was intended... The room is pregnant with grief... with seeds of hope... We stand in sacred space... the miracle of it washing over us.

One lady later declared that she had never encountered such depth of sharing in her entire life. They even decide to continue to meet regularly in their areas and every month or so as a group. [The informant] is humbled and ecstatic.

Extract 3. Researcher Journal Entry.

Couple dialogue appeared to model vulnerability that stimulated the trainees' vulnerability.

The third example was from Supun, a Tamil clergyman who was asked what he thought was culturally beneficial in the TREP. He specifically used the Tamil word

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perumānam that means, "*I am valued*." He told how he admired the facilitators of the TREP for sharing personal issues in front of the training group. In the following quote Supun observed:

"It is really culturally relevant because one person is sharing his own issue and the other is helping him to reveal and that concept is not happening in our churches. And they bring things up as a husband and wife. If they are ready to share like that and if they are able to listen to one person's distress and then respond then that will be a healthy family...the methodology is really relevant, especially the self-processing. I admire that they [the facilitators] put their own stuff out there. It's not artificial. They really showed their own issues and in our culture we are very resistant. We never put our own stuff out. I hold [the facilitators] in high regard because they really opened their selves."

Supun reported that, "we are a shame culture" and that "even when we are going through tough times we never bring it out." However, the facilitators "brought the issues out and that's really blessed us." This is consistent with the literature review where the therapeutic relationship and building of a close, trusting therapeutic alliance, between a counsellor and their client, proved to be a critical component in effective therapeutic outcomes (Lambert, 1992; Hubble, Duncan, & Miller, 2002).

In the fourth example, Lahiru described the importance of modelling compassion in the TREP in the following quote:

"Normally, many people are talking with anger. They are angry. [The trainers] talk with love, with compassion. That is very important to people. People always need compassion before they will talk with people. Then if someone can get those young people to tell to their stories, that's how to talk with people."

These four examples from the Sri Lankan case study revealed how facilitating openness and stimulating trainee attachment systems encouraged self and emotional disclosure that led to healing. This is consistent with the literature review that describes how a positive therapeutic alliance can change a trauma survivor's brain (Lee, 2010) by providing "secure attachment" (p. 23) and a safe sanctuary from which the traumatised individual is enabled to process their trauma.

Moreover, an important value in the Western developed TREP is sharing trauma stories in order to express and heal troubling emotions. The literature review described how an EFT approach involved accessing and exploring painful emotions in order to modify maladaptive ones and this usually transpired within the context of "a corrective emotional experience" (Corey, Schneider & Callanan, 2003, p. 48). Couple dialogue was used as a tool to facilitate norms of vulnerability, emotional disclosure

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and "a corrective emotional experience" (Sarles, 1994, p. 64) during the TREP. An example was found in the researcher's archival documents where a husband reflected about his usual way of interacting with his wife:

"We always talk on the run but today I had to look into her eyes and I saw the feelings in her eyes."

This quote is important because couple dialogue appeared to stimulate the couples' attachment systems and this was counter-cultural. Meares (2004) proposes that trauma creates an alienated form of relationship with the self, creating "non-intimate attachment" (Meares & Anderson, 1993 cited by Meares, 2004, p. 62). A shift often occurs when the person feels valued and understood, allowing "elements of selfhood" (pp. 63-64) to appear. It is well known that a safe therapeutic relationship is a transformational element in counselling. The literature review stated that the therapeutic relationship often appears to be more important that the therapies, approaches and tools of counselling being taught in the TREP (Lambert & Dean, 2001). Schore (2001) states that because clients are unable to regulate their emotions, the counsellor must act as "an auxiliary cortex and affect regulator" (p. 264) in order to facilitate an environment that fosters change and growth. Therefore, the counsellor regulates the individual's "internal state of arousal dysregulation" (p. 30) and helps to repair relationship shame in similar ways to healthy parenting (Schore, 2003).

It appeared that the therapeutic tool of couple dialogue allowed a safe therapeutic relationship between the facilitators and the trainees that is a transformational element in training. It enhanced a quality therapeutic relationship between the trainer and the trainees that was beneficial for trauma healing. This appeared to transfer to the couple attendee relationships and is consistent with the literature review regarding the cultural validity of EFT. Johnson (2004) states that "*nurturant solace*" (p. 3) offered by close relationships can protect the trainees from physical and emotional illnesses and improve their resiliency (Taylor, 2002).

Couple dialogue was communicated responsively through the social engagement system (tone of voice, body language, warmth, compassion, and openness) while affording the trainees dignity and control. This allowed for the development of healing narratives in which the traumatised were enabled to live in the present moment (Fisher, 2014). Importantly, the EFT approach did not pathologise women (Vatcher & Bogo, 2001) in the TREP. Thus, couple dialogue appears to be a

beneficial tool in enhancing engagement during the TREP, stimulating the couple's attachment systems, facilitating their self-disclosure, and increasing their optimism and hope that healing can occur in building stronger relationships.

Tools of Positive Psychological Therapeutic Approaches (PP).

In both case studies the therapeutic tools of Strengths-based picture cards and the exercise, *Me at My Best* (Seligman, Steen, Park, & Peterson, 2005; Yeager, Fisher, & Shearon, 2011) (Appendix C) that applied the principles of PP were used in the TREP. In the Ugandan case study, the tools facilitated the exploration of personal issues and stories in ways that identified trainee strengths as demonstrated in the following representative quote:

"We learnt a lot, like last evening when we were sharing experiences on some of the traumatic event we went through, and this is strange, because from the beginning I was failing to identify my strengths. Anyway when we are sharing experiences then I learned that really it's strength that we went through the stress." (Joan)

The *Strengths* cards (St. Luke's Resources, 2008) used in this exercise facilitated not only the enhanced engagement of trainees but enabled them to identify the strengths that has helped them survive their trauma and this led to optimism and hope. This is consistent with the literature review that posited how the approach "provides a rare opportunity for a way of working that makes the best of what people have to offer" (Linley, 2008, p. 180).

Additionally, there were other benefits. The researcher's archival documents support that using the Strengths-based picture cards not only facilitated the discovery of previously unacknowledged strengths but also facilitated the discovery of previously unexplored aspects of themselves. This was highlighted in the following researcher journal entry (Extract 4) that described a session in the 2010 TREP:

Uganda Journal Entry 28/6/10

We try an exercise with Bear Cards - pictures of bears expressing different feelings. I immediately wonder if this as a mistake when chaos breaks out trying to choose a card. Eventually, we are able to form a line stretching around the room, culminating at the table where the bears lie exposed.

It turns out to be a great move as each person shares or attempts to locate within themselves and verbalise a feeling. This is so foreign to the Acholi. We must begin small. Lunch is an hour and a half late as they take time to express emotions using the Bears! I cannot convey how much they loved these cards. They deliberated over them and their faces lit up with recognition of the feelings depicted by the pictures. Everyone wanted to share their Bear card and even though there were peels of laughter all round identifying a feeling was ground-breaking in a culture where emotional discipline reigns.

Extract 4. Researcher Journal Entry.

The picture cards take a Strengths-based approach by providing an avenue for trainees to experience, communicate and express their positive and negative feelings in a way that facilitates them to feel comfortable with self-disclosure in a culture that tends to value non-disclosure and emotional discipline (this will be further discussed in the following chapter).

In the Sri Lankan case study the PP therapeutic tools of *Photolanguage Australia* (Cooney & Burton, 2012) and *Strengths* cards (St. Luke's Innovative Resources, 2014) used in the presentation of the TREP enabled the trainees to reflect on their experience and facilitated the exploration of their strengths in how they managed personal issues. Photograph 2 depicts the process of a participant choosing a picture card and Photograph 3 depicts an example of a picture card. As in Uganda, the cards produced an avenue for experiencing, communicating and expressing feelings and strengths. This was exemplified in the following quote:

"In our culture, people are very reluctant to open themselves; they very shy. But the picture cards are a very important tool. When they saw the pictures they are processing themselves and they can use the picture as a gateway to talk about their inner feelings and who they are. And they can open themselves and they can talk while they select one or few cards. I think I would say significantly that tool of picture cards also really very culturally helped to people open themselves." (Lahiru)

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Importantly, the trainees described the picture cards as a gateway to verbally express their inner feelings and thus reveal previously undisclosed parts of themselves.

In the follow-up interviews trainees reported how they were using the tools to help others in their communities. Overall, experiencing the picture cards supplied Supun with *"equipment to do something"* to help himself and others. As a clergyman, Supun recalled in his interview how he visited another family that was experiencing a very difficult time with the couple close to divorcing. The use of *Photolanguage Australia* (Cooney & Burton, 2012) cards enabled him to help the couple to reconnect through self-disclosure. This facilitated increased optimism and hope.



Photograph 2. The process of choosing a picture card.



Photograph 3. Example of a picture card.

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Supun also related how he used the picture cards when he conducted trauma training. He asked his group of trainees to choose some pictures to represent trauma and then to form triads to discuss their answers. Supun explained that one of his trainees, a single lady in her forties self-disclosed in her triad *"only because her triad partners helped her to share"* through her chosen *Photolanguage Australia* (Cooney & Burton, 2012) card. Moreover, Supun adapted the picture cards in a youth program run by his church. In order to empower the youth, Supun downloaded a picture of the motivational speaker, Nick Vujicic a thirty-one-year-old Australian Christian minister, who was born without limbs but lives a meaningful life. The pictures facilitated the experience of increasing the optimism and hope for his trainees. Thus, the tool of Strengths-based picture cards facilitated enhanced engagement, self-disclosure and healing. A photograph depicting an example of a participant using a picture card to self-disclose is found in Photograph 4.



Photograph 4. A participant self-disclosing using a picture card.

Further, as well as facilitating awareness of strengths, the Strengths-based picture cards helped the trainees to come out of trauma by raising awareness of how profoundly they were suffering. Freire (1993) used the term, *conscientization*, to raise

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people's awareness. It was a process of "doing" and "reflecting" to increase awareness of one's social and political reality. This type of experiential method employed in the TREP enhanced engagement and facilitated trauma and selfdisclosure. This is exemplified in the exercises described in the following researcher journal entry (Extract 5):

Sri Lanka Journal Entry: 12 August 2011

I bring a set of *Photolanguage* cards with me and ______ also has a set. We lay them on the floor. I tell the couples that yesterday we talked about trauma and that words have different meanings to different people because we are unique. I ask them to choose a card that symbolises what trauma means to them. The sharing begins with those who were present yesterday and swells to the new couples.

We are staggered, as it has been so difficult to obtain participation in this culture and *this morning we cannot stop the sharing*. The stories range from everyday disappointments to the horrors of war. For two hours the sharing continues by both men and women. We just sit and listen while one after the other participants pop up and self-disclose. Tears flow with the sharing of grief and I discern that they need this - they need to tell their stories. I feel we are on sacred ground and I'm overwhelmed with the sense of privilege in being a trusted listener.

Extract 5. Researcher Journal Entry.

The journal extract shows how the picture cards have been adapted to facilitate self-disclosure rather than simply accessing unacknowledged strengths. The cards facilitated active learning by helping trainees to "see themselves as women and men engaged in the ontological and historical vocation of becoming more fully human" (Freire, 1993, p. 52) in ways that helped to heal their trauma. Consistent with the literature review, as a meta-theory PP does not appear to be culture bound (Zolkoski & Bullock, 2012). Moreover, the PP tools were presented in ways that enabled the trainees to reflect on their trauma experiences, promoted storytelling and self-disclosure and helped them identify their strengths. This was beneficial because previously, trainees were not comfortable telling their trauma stories. Picture cards allowed each person to voice their reflections on their experience. They were also deemed useful in counselling others to assist them to reflect on painful events or emotions in a powerful but contained way. The following quote aptly summarises trainee responses in both case studies:

"I would say significantly that tool of picture cards really, very culturally helped people to open themselves." (Lahiru)

Thus, the PP therapeutic tools appeared to be effective in triggering the discovery of previously unacknowledged strengths and the verbal exploration of personal issues and trauma stories.

Tools of Narrative Therapy (NT).

During the TREP the researcher invited participants to draw a tree by assuring them that it was the focus on content rather than artistic ability (Theron et al., 2011) that was important. Participants were given "a choice of culturally and contextually congruent drawing paraphernalia (e.g., coloured pencils, crayons, lead pencils, felt-tipped markers)" (Theron et al., 2011, p. 23) that was purchased by the trainer. It was understood that some participants might have been self-conscious about their drawings (Theron et al., 2007). Hence, the trainees were grouped into triads and encouraged to respect each other's right to privacy rather than forcing each other to share. Moreover, when trainees were asked to display their drawings on the classroom wall it became a "public space" (p. 22). As such, it became "a way of inviting participants to engage in their own analysis of the issues being explored" (De Lange, Mitchell, & Stuart, 2007, as cited by Theron et al., 2011, p. 54).

In the Ugandan TREP, *The Tree of Life* tool enhanced engagement, facilitated selfdisclosure and increased optimism and hope by providing a culturally appropriate method of storytelling that enabled the trainees to reflect on the past, the present and the future. For example, this is illustrated in the following two quotes from anonymous participant reflective journals:

"The drawing of the tree of life has helped me a lot to shape my thinking because I see that there is some hope now for me to have life because my today is better now than my yesterday."

"It has helped me to reflect my life tree to recall the past and compare with the present."

The tool helped trainees to make sense of their worlds and strengthened the bonds between generations by considering the enduring legacy left by family members and ancestors. These aspects are demonstrated in Henry's representative quote:

"It is celebration now. We are survivors. We are able to tell our stories now. Although we may cry we may not cry as we used to cry in those days. It has changed us; it has transformed us. And as clergy, sometimes it is not easy to accept that we are traumatised because some people say, now you are a

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Reverend - how can a Reverend cry? Crying is part of healing that we went through all that. Drawing is part of healing. When you draw some of those things, for me they would say, what are you drawing? Are you a child? But we have learned because of this training it is very good to draw because when you draw some of those things that's how you come out of them."

Henry conveyed his experiences of overcoming the expectations placed on clergy by his culture to conform to socially acceptable standards of behaviour. Even though the TREP presentation was distinctly different from his culture in terms of facilitating self-disclosure through storytelling, Henry considered that the necessity of opening himself to healing and hope was more important than cultural constraints.

Experiencing *The Tree of Life* tool also led to increased optimism and hope for other trainees. For example, Esther explained:

"You could see how it even brought out some glow on their faces as they discovered the whole tree that they would be."

In *The Tree of Life* drawing, Henry recognised that even though his trauma experiences and troubling flashbacks were disturbing, he came to recognise that the good memories outweighed the bad. He described this in the following quote:

"The good memories were actually more than the bad memories...Of course after I did that I felt relieved, I felt no longer heavy... I have released myself of some of the bad feelings that I had. I was able to release them in the drawing and to share, to talk about them with some of my colleagues. We were seated close and I was able to share with them."

Thus, Ugandan trainee experiences of *The Tree of Life* tool presented in the TREP led to enhanced engagement and increased optimism and hope for the future.

Overall, in the Sri Lankan case study, the therapeutic tool of *The Tree of Life* generated a feeling of relief and lightness like a heavy weight had been lifted; for example, according to Sanduni, *"someone heard my story, heard my distress."* Thus, the exercise was experienced as giving voice to trainees' stories of distress as it was beneficial, culturally appropriate and easily understood. Traumatised trainees reported transformative learning experiences that enabled them to disclose their pain and trauma, support others in their growth in managing their trauma, and discover hope for the future. Moreover, *The Tree of Life* exercise helped the trainees to self-disclose in a culture where personal suffering is normally hidden. Lahiru expressed this in the following quote:

"The Tree of Life helped them to look into the future more. That's the thing we used to get feelings out and that's the important thing... This exercise we did

helps people to find where they are. These are important things, helping people to find where they are and look to the future."

Through *The Tree of Life* therapeutic tool the trainees were able to gain a perspective on the past, present and future in a manner that instilled optimism and hope. This was highlighted in the following researcher journal entry (Extract 6) of a different TREP:

Sri Lanka Journal Entry: 12 August 2014

We do the *Tree of Life* exercise on the second day...Visually impaired spouses are encouraged to use inner visualisation (they were able to see before their war injuries) and local team members come alongside and assist in the drawing. It promotes talking between couples, something that is foreign to most Tamils for whom marriage is an arrangement with the wife ending up like a slave to the man and the family. Normally, she has to swallow her needs and pain and there appears to be a lot of depression. However, some self-disclosed for the first time.

Extract 6. Researcher Journal Entry.

For some trainees *The Tree of Life* was portrayed as the climax of the TREP; for example, Chathu saw the tool as being "the climax" of the TREP because for the first time she "understood her inner thoughts and feelings." Moreover, she understood her trauma responses and was able to recognise possible positive and negative outcomes. Thilini conveyed that even though she learnt many tools and strategies in the TREP, *The Tree of Life* exercise had the most significant impact because she experienced hope for the future. Chathu described how deeply touched she was by being able to identify "who am I and what's going on in me, my inner feelings, my inner distress." Likewise, Sanduni was able to identify "a bigger picture about myself, my past, present and what will happen in the future." Sharing her story decreased distress and enhanced her optimism and hope for the future. Also, Fathima described in the following quote how it enabled her to recognise previously overlooked support that was present in her life:

"...the memories are there and everyday the flashbacks are coming but when I started to draw The Tree of Life and I realised the future and what are going to be the outcomes...And because of that I realised I need to come out of this [traumatic stress] and I'm working for it now because I saw this, especially drawing The Tree of Life...and said to myself, so okay I have support. I have it and then I want to give back and I'm going to work for it."

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Hiruni suggested that the tree not only helped the trainees to see the past, it also helped the trainees to move on and to see their strengths. When Isuru was asked by the interviewer, "How do you see the trauma recovery program to be helpful to others?" her reply clearly demonstrated that *The Tree of Life* helped her to find hope. Initially, when drawing the soil she saw only her past wounds but when she drew the trunk she was enabled to identify her strengths. The fruits and seeds represented her personhood and she discovered that she was not only a valuable fruit but she could be a fruitful person to others, especially her children. She articulated:

"Through the tree of life, I identified who I am and where I am now and what other relationships I have."

Thus, hope emerged from the realisation that despite profound trauma, one can be "*a fruitful person to others and give seeds to others*." Even though the trainees were profoundly traumatised and emotionally wounded from their war experiences, Isuru saw "*a hope that we can overcome and to do that I sometimes use the drawings* [*The Tree of Life*] *to help others in this because it helped me*." Thus, optimism, hope and the transfer of hope to others were generated in ways that had not previously occurred to trainees. Many trainees saw for the first time how they could eventually heal and become fruitful. Photograph 5 depicts one participant's Tree of Life drawing.



Photograph 5. A participant's Tree of Life drawing.

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In terms of the cultural appropriateness of *The Tree of Life* tool it was found to be uncomplicated for trainees to connect with images of trees, fruits and flowers. In response to the interviewer's question, *"What is the relevance of The Tree of Life to your culture?"* Thilini suggested that trees and flowers were culturally familiar, easily identifiable and reference was often made to providing daily shade and sustenance. The reason for this is that Sri Lanka is a largely agrarian culture (Encyclopaedia of the Nations, n.d.). Photograph 6 illustrates a trainee's drawing *The Tree of Life*.



Photograph 6. A participant experiencing The Tree of Life exercise.

From Rashmi's observations of the men in her culture she suggested that *The Tree of Life* exercise could be useful in restoring hope because, "In our culture after war there are so many men now addicted and because of that hope is very low level." Isuru confirmed this while describing how she observed male participants during the first TREP and suggested that if *The Tree of Life* exercise was conducted in a small group of about twenty men it would greatly help them. The use of the NT tool of *The Tree of Life* demonstrated how "the visual is the most fundamental of all senses" (Foster, 1998, as cited by Rose, 2001, p. 5). Thus, experiencing *The Tree of Life* tool in the TREP enabled trainees to restore hope and to help the suffering using a culturally appropriate tool.

The therapeutic tool of *The Tree of Life* appeared to be an effective tool to facilitate self-reflection on a trainee's past, present and future. It also facilitated self-

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disclosure in ways that decreased distress and generated optimism and hope for the future by providing a culturally appropriate method of sharing trauma stories.

Theme 5: Acholi storytelling was a safe tool for self-disclosure

The Ugandan experience of the therapeutic tools of counselling was enhanced by the Acholi tradition of storytelling. The trainer recognised that stories were important to Ugandans and adapted the TREP to allow the trainees to give voice to their stories; for example, David declared, *"I'm very good in writing. I love writing. I write many stories."* Storytelling formed part of the interaction and communication process during the Ugandan TREP. However, the trainer struggled to balance the way in which the trainees shared extremely long stories (many were more than thirty minutes long) and the need to adhere to the TREP curriculum in order to impart what was deemed to be a basic understanding and rehearsing of different trauma and recovery tools.

During the research analysis it was found that the stories fulfilled many social functions for Acholi such as transmitting information, teaching morals, shaping character, and communicating belief systems and standpoints (Okafor & Ng'andu, as cited by Herbst, Nzewi, & Agawu, 2003). An example was that in both case studies, *The Tree of Life's* visual representation of trainees' lives was "viewed as trustworthy text that can be more important than the spoken or written word" (Pink, 2005, p. 5). The trainees' drawings were essentially social constructions because "drawings make parts of the self and/or levels of development visible" (Theron, Mitchell, Smith, & Stuart, 2011, p.19).

Storytelling contributed to the creation of the Acholi narrative selves and formed an essential part of the fabric of what makes their relationships social (Frank, 2010). Laura Simms (as cited by Sobol, 1999, p. 37) writes:

Storytelling is a living art which takes place in the present between people. It is not a solo performance. The narrative urges listeners out of selfconsciousness into the story. As the imaginative response becomes more and more vivid, the listeners participate in heightened awareness of the event.

Frank (2010, p. 3) suggests that stories are important because "Stories animate human life; that is their work; stories work with people, for people, always stories work on people, affecting what people are able to see as real, as possible, and as worth doing or best avoided." For example, Esther conveyed how sharing trauma stories during the

TREP enabled the trainees to identify with each other's pain. She explained that storytelling gave the trainees a voice to express beliefs and notions about their traumatic experience through a socially sanctioned opening. This is illustrated in the following quote:

"Africans tell stories, they love to tell stories and that's one way of teaching each other from the first age. They sit by the fire and they tell stories when there isn't one! They just tell stories. They don't write, they don't read, but they will get something by telling stories."

Thus, storytelling was idiosyncratic to Acholi language and culture and constituted an important cultural adaption (this will be expanded in Chapter 7).

Moreover, the use of drawings in the TREP was "appropriate for getting at the memories, thoughts, and feelings" (Theron et al., 2011, p. 20) of the trainees. This visual evidence of the trainees' worlds was indispensably involved in meaning making (Rose, 2012) during the TREP.

Concluding Remarks

In both case studies the trainees' overall experience of the TREP, especially using the therapeutic tools of counselling, appeared to be positive. They considered them useful and transferrable to their collective contexts. The trainees reported that the tools promoted enhanced engagement in the training, better management of trauma symptoms, greater transference of skills to others and increased self-disclosure. The tools greatly assisted the trainees in the first stage of their trauma recovery to attain some level of balance in their day-to-day psychological functioning by engaging with and applying skills to manage their trauma symptoms; for example, the tools assisted trainees to contain emotional distress, to manage their flashbacks and to deal with their dreams and nightmares.

Consistent with the literature review, healing from trauma occurs in stages (Roberts, 2000). Stage one of trauma counselling, often referred to as psychological first aid (American Psychiatric Association, 1954; Everly & Flynn, 2005; Institute of Medicine, 2003; Raphael, 1986) promotes goals of personal safety, genuine self-care, and healthy emotion-regulation capacities as necessary requirements to move to stage two (Gitterman, 2002; Herman, 1992, 1997, 2005; Hobfoll et al., 2007; Williams & Poijula, 2002). According to Maslow's (1954) theory, physiological and safety needs are basic to survival and these needs should be met before the person can move to self-fulfilment. Thus, the trainees appeared to be empowered to manage their trauma

symptoms and to transfer their learned skills to others, thereby increasing their optimism and hope for the future.

The therapeutic tools used in the TREP appeared to be culturally transferrable to the collective contexts without undermining their therapeutic purpose. The reason may be found in Grace's earlier comments that *"the body's autonomic nervous system responses to trauma are universal responses."* Another reason may be that in Sri Lanka, any tools of counselling were practically non-existent in most post-war regions due to the recentness of the war. The region was still in a state of complex emergency (WHO, 2002) and the lack of local trained counsellors posed serious obstacles to effective trauma counselling and counsellor training. Similarly, as Bolton and Betancourt (2004) found in Afghanistan, that due to the lack of clear evidence of effective psychosocial and clinical interventions, rigorous outcome research is needed to determine the long-term cross-cultural effectiveness of the TREP.

An experienced Sri Lankan counsellor believed that all the therapeutic tools were effective because they appealed to everyone regardless of their level of education. Assuntha succinctly summarised this in the following quote:

"The practical things we did here, the seminars and all the things we did are already useful because some IQ's are high and some are too low but all can do these things like drawing and picture cards".

For example, *The Tree of Life* was very effective in increasing optimism and inspiring hope for their future. Culturally, the tree is already an iconic symbol in developing countries providing shade, rest and shelter. It embodies notions of strength, beauty and growth (Salonius & Worm, 2014). As this was the only therapeutic tool in the TREP developed specifically for a collective-based value system (South African children) the findings were consistent with the literature review that states it is a safe method for children, adolescents and adults to address trauma, grief and loss issues in both Western and non-Western contexts (Ncube, 2006). Thus, it is an example of a culturally appropriate tool for use with traumatised people regardless of their age, gender or educational level.

Nevertheless, the Western therapeutic tool of Psychoeducation needs to be made more accessible to the trainees in terms of brevity and the inclusion of various concrete and relevant examples and exercises to suit the diverse range of literacy, previous trauma information and skills.

CHAPTER 6

CULTURAL INFLUENCES

Introduction

Whereas the last chapter focused on the key themes that emerged from research question one, this chapter focuses on the findings from the second research question that was:

What part does culture play in determining what the trainees deem is useful and what is discarded from the TREP?

The key themes and their sub-themes that emerged from research question two were:

- The Psychoeducation tool helped the trainees to normalise and connect their universal physical and behavioural symptoms to trauma.
- 2) Cultural artefacts demonstrate differences in understandings of trauma and recovery to those taught in the TREP;
 - Acholi understandings of trauma are connected to the loss of their role and usefulness to both the family and society, leading to their loss of a future;
 - Tamil understandings of trauma are characterised as the inability to love, distress, chaos and disconnection in the family; and,
 - Collective social constructions of trauma recovery differ from those in the TREP;
- Psychoeducation in the TREP needs to address collective social constructions of trauma and recovery;
- Beliefs about African Tribal Religion influence clergy's response to the traumatised;
 - Ugandan cultural explanations for illness and adversity differ from those in the TREP;
 - Possible tension between Acholi and Western individual trauma treatments.
 - Psychoeducation offers an alternate perception of trauma; and,
 - o Similar Sri Lankan cultural explanations for illness and adversity.
- Male dominance/status negatively affects support for female trainees' participation; and,
- 6) The influence of cultural shame and personal hiddenness effects the trainees' responses to the TREP.

- Shame and hiddenness prevent nurturing support;
- o Gender differences affect women's capacity/willingness to self-disclose;
- Internal discipline attracts respect;
- Lack of self-disclosure in Uganda is due to fear of lack of confidentiality, safety and trust;
- The TREP challenges lack of self-disclosure in Sri Lanka due to fear of lack of confidentiality, safety and trust;
- Perceived benefits of changing cultural norms, such as lack of selfdisclosure; and,
- Therapeutic tools help to facilitate self-disclosure.

These key themes and their sub-themes will now be discussed in relation to research question two.

Theme 1: The Psychoeducation tool helped the trainees to normalise and connect their universal physical and behavioural symptoms to trauma

In both Uganda and Sri Lanka culture played a significant part in determining what the trainees deemed was useful and what was discarded from the TREP in terms of trauma symptoms. Both similarities and differences emerged in the social constructions of trauma and recovery and the Western values that underpin the TREP. Even though it was found that the physical and behavioural expressions of trauma appeared to be universal, one of the cultural adaptations to the TREP was found in the collective meaning of trauma that differed from Western understandings. This will be explained in the following sections.

The researcher's recorded observations suggest that in traumatic remembrance both the Acholi and Tamil trainees found it difficult to verbally explain their trauma. Instead, trauma appeared to be expressed in universal physical and behavioural expressions, illustrated by one Sri Lankan participant in the reflective journals as:

- Snapping fingers;
- Biting finger while intensely looking ahead;
- *Talking to oneself absentmindedly;*
- Walking with hands clasped behind oneself and shoulders stooped;
- *Holding the back of the head with both hands; and,*
- Tears that rundown the cheeks freely and are not wiped off.

This is consistent with the literature review where brain scan research demonstrates that when traumatic memories are encoded primarily as bodily and emotional states,

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they are experienced as bodily symptoms rather than memories (Fisher, 2009). Interestingly, Ugandan physical expressions of trauma were congruent with the symptoms of PTSD, a Western developed concept described as a psychiatric disorder or mental condition characterised by "intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity" (National Center for PTSD, 2013). In the following quote Grace noted that there are universal trauma responses:

"Whether a person is African or Asian or European or whoever, every human being would react in a similar manner in a traumatic event whereby a traumatic event is any event or experience that is perceived by an individual as life-threatening, threatening of personal integrity, and is extremely fearful and horrifying...We realise that any explanation of the traumatic experience applies the same way to every trauma survivor...I find also that they apply the same way to all populations of all cultures. Being human makes no difference when it comes to assessments and diagnosis to help treat a condition, otherwise the medicines which cure malaria in the English people might not cure malaria in the Acholi people."

Thus, the effects of trauma could be identified through the display of universal physical and behavioural symptoms that are similar to Western PTSD symptoms described in the tool of Psychoeducation in the TREP.

The Psychoeducation tool helped both the Ugandan and Sri Lankan trainees to normalise and connect their universal physical and behavioural symptoms to trauma. The interviews, participant reflective journals, the researcher's fieldwork journal and archival documents all pointed to the commonality of the trainees' hyper-arousal symptoms that were similar to the Western symptoms of PTSD, such as hyper-arousal symptoms of anxiety, hyper-vigilance, dis-regulated emotions and intrusive images. Although hyper-arousal is an adaptive survival instinct in traumatic situations, it can become debilitating if it continues in daily life (Fisher, 2009). Trainees also reported hypo-arousal symptoms of numbing, emptiness, deadness, impassiveness and immobilisation (Fisher, 2009; Ogden, Minton & Pain, 2006) that were similar to Western symptoms of PTSD.

Psychosomatic symptoms included headaches, stomachaches and digestive problems. In the following quote Upeksha, who attended the first TREP, described many of these symptoms:

"The trauma experience I've gone through affected my thoughts and feelings and once I identified this, I was ready to unpack all the distress feelings and I am putting that into words. Because of that, now I know why I'm behaving like this; why I'm distressed like this and why I haven't had strength. When I am handling this properly then tree starts to grow."

As a returnee to the TREP, Upeksha chose a tree as her cultural artifact for both trauma and recovery, because it reflected her new understanding of her trauma symptoms. Additionally, Thilini's symptom of fatigue slowed her movements and she experienced "quick anger." Kasun described hypo-arousal symptoms as hiding one's life, "not talking to others, and uncomfortable feelings." Alternatively, he suggested that some people may "talk, talk, talk, too much talking without connecting to the words" suggesting hyper-arousal symptoms. The Western therapeutic tool of Psychoeducation in the TREP, appeared to help the trainees to identify these as symptoms of PTSD.

Moreover, Esther considered traumatic pain to be universal despite skin colour and the following researcher journal entry (Extract 7) suggests the Acholi hyper-arousal symptoms of PTSD:

Uganda Journal Entry: 5 June 2013

At the close of a session on the effects of trauma, a man approaches and says that 99% of us are hyper-alert and it surfaces when we talk with our wives. We shout and are angry... and sometimes we threaten. Our children are afraid of us....

Extract 7. Researcher Journal Entry.

The extract described how the Ugandan trainees hesitated to talk about the personal impact of war. Nonetheless, the TREP helped the trainees to recognise the physical and behavioural symptoms of traumatic stress. However, the trainees appeared to be unwilling to revisit old trauma memories, as there was no continuity of care after the TREP.

Additionally, Ronald's verbal cultural artefact to represent trauma, *owit wit,* symbolised a display of behaviour similar to hyper-arousal. Ronald described it as a very vigorous, unnecessary kind of behaviour symbolising a person who was excessively quick in body movement (for example, running everywhere), speech, and thoughts. This behaviour was accompanied by feelings of loneliness and being overwhelmed by a situation. It included *tepidity*, meaning that the individual would

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become excessively cold and people may comment that they looked lifeless. So *tepidity* symbolised a person without life who manifested withdrawn behaviour.

Nevertheless, Ronald conveyed that this person might suddenly become aggressive, speak rapidly and become highly inflamed by small things. Ronald narrated how some hyper-aroused trauma survivors took risks by entering unsafe areas. According to Ronald, these individuals appeared to be saying, *"they did not care if they placed themselves in danger."* Ronald's example comprised a man who felt extremely homesick. Against the advice of others he decided to return home and was consequently killed by rebels. Thus, trauma was also characterised by aggression and risk-taking behaviour.

The TREP also helped the Ugandan trainees to identify situations that were known to be traumatic. They were recorded in one participant's reflective journal as:

- Stress in marriage;
- Bereavement through homicide and other intended violence;
- Banishment of people from a family, area, etc.; and,
- The bestowing of an Acholi name that reflected their trauma experience.

The researcher's fieldwork journal observed how raising awareness of the association between physical symptoms and trauma tended to normalise them, as trainees tended to be culturally uninformed about "the meaning of specific symptoms and what is known about the causes, effects, and implications of the problem" (APS, 2010, p. 8). Thus, the Western Psychoeducation tool helped the Ugandan and Sri Lankan trainees to normalise and connect their universal physical and behavioural symptoms to trauma that were previously misunderstood due to cultural misconceptions regarding behaviour. Nevertheless, even though physical trauma symptoms appear to be universal, perceptions of trauma and recovery appear to differ between individualistic and collective societies. This will now be discussed.

Theme 2: Cultural artefacts demonstrate differences in understandings of trauma and recovery to those taught in the TREP

Mertens (1998) suggests that, "reality is socially constructed" (p. 11) and differences in cultural understandings of trauma and recovery were demonstrated through the cultural artefacts (CA) that the trainees brought to their interviews. These acted as stimuli for dialogue. All of the Ugandan symbols were verbal while in Sri Lanka, approximately half the CA consisted of verbal symbols and the other half were drawings. The drawings were predominantly drawn from nature, such as trees,

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flowers and fish. Theron (et al., 2011) asserts that, "its meanings and its value lie partly in the socio-cultural context from which the drawing arises" (p. 31). The meanings of the CA were essentially socially constructed by each collective culture and there existed distinct perceptual differences. The multi-faceted and complex ideal of social harmony tended to permeate both Uganda and Sri Lanka, significantly influencing the trainees' perceptions of trauma. Social harmony connotes a stable structure of relations and represents "a state of normal relations among the living and the dead, a social balance of power and moral order" (Porter, 2013, p. 15).

Acholi understandings of trauma are connected to the loss of their role and usefulness to both the family and society, leading to their loss of a future.

The Acholi CA revealed the trainees' understandings of trauma as related to being bitter, empty, broken and stuck, accompanied by expressions of hopelessness. Importantly, these attributes were connected to their loss of their role and usefulness to both the family and society, leading to their loss of a future; for example, David described trauma through his CA as *"loss of family life."* Henry described the bitterness of trauma as a calabash *"with bitter leaves inside"* that the family eats.

Societal organisation significantly influenced the trainees' perceptions of trauma. Peter's CA of a tiny insect that grows larger as it accumulates food represented trauma as accumulating difficulties. This is illustrated in the following quote:

"When you are traumatised, sometimes you may not even really know what to say. You may actually be lost. You may not even have the right words to speak. You may look at yourself as somebody who is hopeless, useless, even your thoughts." (Peter)

William's CA of the death of a spouse reflected the trauma of the loss of that spouse's responsibility and usefulness in the family, thereby the loss of a future. This was demonstrated in the following quotes:

"Trauma is death to a couple and that trauma can affect the woman, the children, the homes of people. Because when somebody is still able, in the African context, somebody is very useful. When he or she dies, that one can affect the minds of the African men and women. Very terrible." (David)

The findings showed that the primary arrangement for organisation in the collectivebased value system of Acholi society, especially in rural areas was the tribal patrilineal kinship clan system. According to Katabarwa, Richards and Ndyomugyenyi (2000): A sound knowledge of the role of kinship is essential if one is to understand the social dynamics of any community and the way in which these will influence the acceptability, management, sustainability and ultimate success or failure of any community-directed, health-care programme (p. 491). Thus, to understand the usefulness of the TREP it is essential to understand how

Acholi perceptions of trauma related to how they functioned within their societal structure with the predominance of the clan.

Acholi clans were organised along patriarchal, functional lines. According to Grace:

"You know what your role is as a man or woman; your role is ABCD."

The role of an Acholi man was encapsulated in the following quote that was also reflected in other trainee responses:

"You are redundant if you don't give assistance in digging, in planning for the family, being creative or innovative." (Innocent)

Esther concurred by stating, "*They dig for a long time*." Thus, men were valued for their functional role that included providing for his family (related to "*digging*"), problem-solving, exercising emotional discipline ("*he must control his temper*") and attracting community respect. A study by Silveira and Allebeck (2001) of refugees from the similarly structured collective society of Somalia affirmed this when they found increased depression in older males whose loss of employment correlated with loss of social status. Moreover, an Acholi woman was valued for her primary role in bearing children and serving her husband and kin. This is exemplified in a local proverb, recorded in the researcher's archival documents that states, "A woman is a flower in a garden; her husband is the fence around it" (Mbiti, 1988, as cited by Bannerman, 1974, p. 19). If there is unhappiness or violence in the marriage, the blame is attributed to the wife. Esther illustrates this in the following quote:

"Women are taught when they are babies, when they are growing, don't annoy a man. You just keep quiet."

Women tended to swallow their pain in order to preserve social harmony. This is consistent with the high masculinity dimension in the Hofstede (2011) model of collective culture in the literature review that states, "Men are supposed to be assertive, tough, and focused on material success; women are supposed to be more modest, tender, and concerned with the quality of life" (p. 297).

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Consequently, the Acholi trainee perceptions of trauma emerged from their socially constructed gender roles that preserved social harmony in their clans. Trauma represented the inability to function in these assigned gender roles far more than the external traumatic events of political violence and civil warfare.

Tamil understandings of trauma are characterised as the inability to love, distress, chaos and disconnection in the family.

Tamil CA understandings of trauma differed somewhat from the Acholi, in that trauma was characterised as the inability to love, distress or *"chaos in the family"* and disconnection in the family. This was expressed through drawings of a stunted, closed bud, a very dark, black crow, a failing fruit tree, a dried up tree with no leaves, a dead fish, wilderness and a broken egg. The following quotes also encapsulate the effects of trauma on the family that were reflected in other trainee responses:

"My whole family goes through a trauma. There is always something or other that brings us down. There are always tears in our eyes." (Kasun)

"We came to this area only three years ago. Every time my mother wanted to earn money and earn and earn. She never had a care about the three of us. After she married again we did not have a relationship, we are not talking to each other. A broken relationship." (Sanduni)

Sanduni was distressed about how trauma had affected her relationship with her mother that had broken down. For Sanduni, this breakdown appeared to be a greater trauma than the traumatic external events of war. Moreover, the CA and all the other data recorded how trauma symptoms resulted in Tamil families experiencing chaos, disruption, distress and disconnection in the family. The breakdown of family harmony, even though it was triggered by the trauma of war, appeared to constitute a greater trauma than external events. In the following representative quote Supun described this as:

"People are distressed and because we are experiencing PTSD, our community and family life is disintegrating. Some of us decide to separate or divorce. Some have thought of suicide, especially disabled people like me. I feel helpless and hopeless, not only for myself but not knowing how to communicate with others in similar situations."

Supun confirmed that trauma represented family and community suffering that led to experiences of helplessness and hopelessness. Thus, when trauma symptoms interfered with, or prevented the execution of socially assigned roles within the family and community, this appeared to represent a greater trauma than the external events of

war. As Udari's CA drawing of a dark family expresses, trauma represents "*a destroyed family*."

Similar to the Acholi, Tamil societal organisation influenced trainee perceptions of trauma that tended to focus on functional family roles. Rather than tribes, Sri Lanka was organised around ethnic groups that were characterised by language, religion and extended family groups. This was more akin to the nuclear family in individual-based Anglo-Australia, however, the major difference lay in the Tamil allegiance and loyalty to the extended family system. The primary arrangement for organisation and decision-making in Tamil society, especially in rural areas, rested with extended family elders. According to Haj-Yahia and Sadan (2008, cited by Muhammad, 2011) every person in Tamil society:

Is considered to be responsible for the behavior [sic] and life conditions of the other family members, and sometimes for the members of the broader collective. This commitment often leads to the sacrifice, subordination, or denial of personal needs, goals, and aspirations as well as to the postponement of personal work plans or agendas, and give precedence to those of the broader collective or transform their personal needs and goals accordingly (p. 334).

Tran, Kaddatz and Allard (2005) suggest that Sri Lanka exists among other countries that are "the most unified when it comes to the value they attach to family interaction" (p. 20).

The extended family generally lived together and family elders tended to control the entire family, including their married children. Amila, an informant expressed this in the following quote:

"For example, we live with my family. My wife has always been under pressure and I won't be able to help my wife or just talk to her alone."

Therefore, Sri Lankan women tended to stay in difficult situations because traditionally, social harmony constituted an unquestioned cultural value that necessitated obeying the family elders and their rules. This arrangement tended to generate a sense of unity, identity and belonging.

Sri Lanka tended towards a patriarchal family structure with a high masculinity culture that is consistent with the Hofstede (2011) model of culture in the literature review. This is demonstrated in Amila's following representative quote:

"One thing in our culture, husbands have always been served. They're like a boss. Most of the time their wife is like a servant- she has to serve him in the

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house. She has to clean, she has to do the cooking, she has to wash the clothes and she has to take care of the children, and her husband is like a boss, he just can't come and she has to supply all his needs. And sometimes he has no job. He won't be taking care of the finances side but if the wife is working, still she has to be like a slave and he won't do a thing at home because if he just does, he thinks it's like he's been put down, and his respect is not been honoured."

In the following quote Ishan explained:

"The men are in the controlling position in the family...The husband is a god and a god can do anything."

A woman's worth was gained from her role in the family unit, whereas a man's role was to provide and take care of business matters. Typically, marriage was an arrangement for the running of the household and the bearing of children rather than the Anglo-Australian notion of a companionate marriage that is designed to meet emotional needs. Amila illustrated this with a Tamil saying: *"Even though my husband is like a stone, he is still my husband."*

Collective social constructions of trauma recovery differ from those in the TREP.

Culture played a large part in Ugandan and Sri Lankan ideas of trauma recovery that differed from those presented in the TREP. Acholi understandings of trauma recovery related to the restoration of functionality and assigned gender roles in order to preserve social harmony. Peter's CA was a man with missing limbs, representing *"learning to exist with a new normal by adapting to injuries and moving on with life."* Joseph's CA of trauma recovery was a tamarind tree that offered its fruit and shade. Even though the taste is sour, it is used for utensils such as knife handles. This represents strength, patience and adapting to physical and emotional limitations through bearing pain as illustrated in the following quote:

"It [a tamarind] symbolizes to me in each stages you go in trauma, in problems, you need to be strong; you need to persist; you need to bear." (Joseph)

The Acholi perception of recovery centred on the functionality of assigned gender roles within the clan in order to preserve social harmony; for example:

"Trauma is very terrible. It actually affects the work the man always does in the home. More so if that man is very creative is his doing, or activities he does at home. And the caring the man has for his particular family. You know in Africa, we are based on cultivation, we earn through cultivation; the money comes through cultivation. Without cultivation African is not known in the family. If you are redundant and you don't give assistance in digging, in

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planning for the family, in being creative or innovative you are not known." (Esther)

Thus, recovery for the Acholi meant that a man was able to provide for his family in substantial ways that attracted community usefulness and respect.

The majority of the Sri Lankan trainees' CA for trauma recovery represented loving, giving, sharing, and nourishing others, especially family members; for example when asked how her cultural artefact drawing of a blossoming tree represented trauma recovery, Chathu replied:

"What I would see would be a happy family and a happy life. Second one, is it's a witness for others also, that when others see me they want to see that there's a fullness in the life."

Sanduni's CA was a drawing of an umbrella that offered shade and protection from the sun. Trauma recovery was viewed as being able to love her children and give them the safe environment, as illustrated in the following quote:

"What I'm going to do when I draw of my future, I will draw a nest that belongs to my family – myself, my husband and my children, and my expectation in the nest is to give the maximum love that I have not got from my mother and I want to give them a safe environment to experience my love and my husband's love."

Additionally, when asked in his interview about the significance of his verbal cultural artefact to recovery, Sampath replied:

"Two things, one valuable clay pot or a flower. The pot represents the healthy stuff like a barrier and the flower you must keep in the right place otherwise it will fade. And because of the pot also you must keep it in the particular right place or it will fall down and break."

Sampath was communicating through his CA the importance of maintaining one's place in the social system without which the individual will fade and break. Thus, understanding of trauma recovery in both case studies related to the restoration of assigned gender roles that functioned to preserve social harmony.

Thus, collective social constructions of trauma recovery differ from those in the TREP where the definition and treatment of PTSD is based on a Western disorder that originates from a deficit medical model with individual-based treatment strategies that are usually cognitive in their approach (National Center for PTSD, 2013).

Theme 3: Psychoeducation in the TREP needs to address collective social constructions of trauma and recovery

In both collective case studies, trauma represented the inability to function in assigned clan and extended family roles. The implications for the TREP are that trauma disrupts this necessary societal organisation that produces social harmony and this constitutes a greater trauma than the outward events of war. Psychoeducation should include concrete examples and exercises that facilitate discussion and shared stories on what constitutes trauma. These may help the trainees to recognise the collective nature of their trauma and how their distress is linked to their inability to function in their assigned roles, before they can address the collective in nature of their recovery. It may also assist them to identify with each other and offer each other much needed support.

In both case studies, the collective-based value of maintaining social harmony through socially prescribed gender roles was fundamentally different to those on which the TREP is based. The TREP is based on Western individualistic values where society is organised around the nuclear family, individual autonomy and independence. In contrast, the collective-based Acholi and Tamil societies valued interdependence and the ability to function in assigned social roles that permeated all aspects of family and community life. Expressions and meanings of trauma concerned socially constructed beliefs (Helman, 1994, as cited by Wilson & Drozdek, 2004) about the trainees' gender roles, purpose and functionality within strict divisions of labour. The researcher's fieldwork journal recorded many conversations that expressed the trainees' grief over the loss of this social cohesion that previously held Acholi and Tamil family life together. Decimated by the war, the breakdown of social cohesion constituted a different kind of profound trauma.

Therefore, for the collective-based Acholi and Tamil cultures the concepts of trauma and recovery held different meanings to the Western concept of PTSD that is taught in the TREP; for example, Western PTSD means:

Adjusting to a very powerful event, making some sense out of what happened, and putting it into perspective. With understanding and support from family, friends and colleagues the stress symptoms usually resolve more rapidly (APS, n.d.).

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Trauma is typically a powerful, external event. However, in both case studies, trauma and recovery were associated with one's place in the collective, the loss of which appeared to constitute a greater trauma than the external event. The trainees from both collective societies spoke of trauma and recovery in terms of how it affected "*the family*" as opposed to how it affected them as individuals. Perceptions of recovery, within the functional marriage arrangement designed to give children love and safety, meant being able to satisfy the culturally assigned gender roles and clan/extended family rules that were designed to preserve social harmony.

The findings are consistent with research by Fernando (2004a, 2004b) on the psychosocial consequences of trauma in Sri Lanka. Fernando (n.d.) states that after the 2004 tsunami, "social isolation and difficulty performing family roles are among some of the greatest concerns for survivors of trauma, compared with psychological symptoms such as flashbacks" (p. 1). Daily stresses and stressors and the accompanying sense of isolation from the inability to function in socially assigned roles, constituted trauma. The collective value of interdependence may be at odds with the individualistic values, identified in the literature review, that may inadvertently foster isolation (Finnström, 2008). The reason may be because the Western construct of PTSD taught in the TREP through the therapeutic tool of Psychoeducation is based on a deficit medical model with individual-based treatment strategies that are usually cognitive in their approach (National Center for PTSD, 2013). In contrast, the Tamils reported that recovery represented finding meaning and identity in their functional roles, including the preservation of social harmony that had been devastated due to trauma. Thus, recovery equalled the ability to love, give, share, and nourish others by functioning in the socially assigned role within the family and social system rather than being a cognitive disorder.

The TREP would benefit from the inclusion of collective understandings of trauma and modes of recovery. The therapeutic tools of counselling should be demonstrated, rehearsed and applied within a collective framework that values the interdependent social system, rather than an individualistic application; for example, the couple dialogue tool could be used to communicate value to the opposite sex for their role and contribution to the social system. Moreover, the Psychoeducation tool should incorporate these collective understandings of trauma and recovery in its information to normalise the trainees' collective-based distress.

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It is also argued that the routine application of Western developed trauma assessment frameworks in the TREP that contain underlying Western "theoretical prejudices and presuppositions" (Aderibigbe & Pandurangi, 1995. p. 239) override important social, cultural and spiritual differences and sensitivities. In both case studies, even though trauma symptoms were expressed physically and behaviourally in ways that bore similarities to Western symptoms of PTSD, the trainees' distress stemmed from collective sources. Western diagnostic criteria and psychological instruments assume homogeneity that raises issues of cross-cultural validity (Rogler, 1999). Hinton and Lewis-Fernandez (2010) argue that there are still "areas of substantial cross-cultural variation. The expression of PTSD is by no means identical across the globe" (p. 14). In fact, teaching the trainees in the TREP to assess their traumatic stress "for somatic symptoms and cultural syndromes may also be needed to better attain content validity when PTSD is evaluated cross-culturally" (p. 14).

Despite the differences between the TREP's individualistic values and the collective values of the Ugandan and Sri Lankan trainees concerning perceptions of trauma and recovery, the TREP appeared be useful; for example, Sachini drew a fruit tree that encapsulated the positive learning and this was also reflected in other trainee responses:

"The tree never says you can't love. It's not limited. What I learned here [in the TREP] is that in my future I want to benefit not only my family members but whoever needs it, not only myself."

Thilini's CA tree drawing also contained lots of fruit and flowers representing the experience of helping others with their trauma, particularly family members. Moreover, the tools of counselling in the TREP appeared to increase the trainees' ability to function on a daily basis (Herman, 2006) thereby enabling them to better fulfil their socially assigned gender roles.

Theme 4: Beliefs about African Tribal Religion influence clergy responses to the traumatised

In order to determine the cultural usefulness of the TREP to the trainees, it is necessary to understand how religion influenced trauma recovery in Uganda. The TREP was conducted primarily with Anglican clergy. Anglicanism in Uganda is a robust norm-producing and norm-disseminating body that exerts a powerful influence on the community. Therefore, it is important to understand how the various beliefs of Anglicanism, African Traditional Religion (ATR) and witchcraft influenced the

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trainees' perceptions and understandings of trauma and recovery.

ATR is widespread throughout Uganda and comprises all African beliefs and practices that are deemed religious but are neither Christian nor Islamic. Opoku (1978) explains:

To call the religion 'traditional' is not to refer to it as something of the past; it is only to indicate that it is undergirded by a fundamentally indigenous value system and that has its own pattern, with its own historical inheritance and tradition from the past (p. 9).

Most Acholi typically understood trauma as resulting from ancestral spirit possession or bad spirits. Therefore, a traumatised individual was referred to a witchdoctor for healing. An example was Innocent's story in the following quote:

"When somebody is undergoing trauma some psychiatrists would say that when trauma gets replayed in their mind there is a demon or those are the spirits of the dead and these are causing the trauma. This is strongly believed in Gulu, even by Kony [the rebel leader]... In our culture, the tribe would say these are the spirits of the dead. So you need to appease these spirits so that the spirits leave you. You have to make some sacrifices to the spirits...Sheep are most commonly sacrificed or a black goat or a black chicken. Those who cannot afford all these animals can sacrifice a black chicken."

Nyakiti (2012) asserts that, "The diseases attributed to ancestral spirits are that guilt is a dominant factor. This is because the ancestors are angry because they have been neglected, because somebody among the living has not done his/her duty" (p. 156).

Supernatural explanations of illness and trauma mostly dominate the field of mental illness in northern Uganda (Panu-Mbendele, 2004, as cited by Harlacher, 2009). Patel (1995) lists some commonplace explanations of mental illness in ATR:

Failure to propitiate the ancestors with the necessary sacrifices or rituals; nonobservance of taboos and consequent ancestral displeasure; bewitchment; intrusion of evil spirits sent by sorcerers; and excessive worry over matters 'which have been kept to himself' (p. 1294).

The majority of Ugandans including clergy, the highly educated and politicians at the highest levels of government accepted witchcraft practices without question. Witchcraft has existed and flourished for more than a thousand years because of a certain mindset towards illness that sees it as having non-specific causes. Circumstances like failure to conceive and bear children, poverty, wealth, success, death, epidemics, injustice, job loss, failure to secure a job, failure to procure a

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husband for a daughter, natural disasters, sickness and trauma were mostly believed to be caused by evil spirits. For instance, Innocent stated that if someone contracted HIV they tended to believe that they were bewitched - defined as, "To place under one's power by magic; cast a spell over (bewitched, n.d.). According to Grace:

"Bewitching is so, so much of a big issue here. People talk a lot about bewitching. It is like going to the underworld; using evil spirits really."

The researcher's archival documents record how in a previous TREP, the widespread fear surfaced regarding the possibility of the trainees being inadvertently bewitched. Neuner (et al., 2012) concludes that "spirit possession is usually not perceived as psychopathology within the local culture" and findings from their study indicate that "spirit possession can be a widespread and potentially underestimated phenomenon in some war-affected populations" (p. 252). The current DSM-V (American Psychiatric Association, 2013) would consider it a disorder:

The combination of four items would be sufficient to fulfil these criteria [for possession states] in most cases, it can be assumed that a possession state disorder would be among the most common mental diseases in adolescents and young adults (p. 252).

Nonetheless, spirit possession may constitute a "culture bound syndrome" (Aderibigbe & Pandurangi, 1995, p. 555) that the West tends to ignore, including the TREP.

Ugandan cultural explanations for illness and adversity differ from those in the TREP.

A traditional healer decides through divination "whether an illness is 'natural' or 'supernatural'" (Harlacher, 2009, p. 109). Nevertheless, he is also guided by symptomology that is interpreted by the community (Panu-Mbendele, 2004, as cited by Harlacher, 2009). In a conversation with a clergyman, recorded in the researchers archival documents, he conveyed how most village people consulted witchdoctors in place of scientifically trained medical doctors or trained counsellors every time. This shed light on how the task of meaning making, regarding trauma symptoms, was forged in the interchange between the individual and their culture using culturally constructed mental models; for example, Western culture views sickness in terms of germs and viruses while a large part of African culture views sickness in terms of

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witchcraft and magic. Despite medical doctors providing vital medicinal aid and being cheaper to consult, the traditional healers have a huge hold on the collective psyche.

Moreover, there was strong evidence that *cen*, believed to be "the ghost of a deceased person [who] visits the affected and replaces his or her identity" (Neuner et al., 2012, p. 550) was associated with trauma, "and war trauma in particular" (p. 252). This has implications for the TREP as nightmares, disturbing behaviour and flashbacks tend to be construed as attacks or possession by bad spirits that require ritual cleansing rather than being understood as trauma symptoms. The phenomena of spirit possession in northern Uganda would be most likely be classified by Western clinicians as a trauma-related disorder. Yet, far from being viewed as a disorder it appears to be a social construction and a culture bound syndrome that is readily accepted by Acholi society. This religious worldview is contrary to the Western biomedical model of ill health contained in the TREP that does not tend to account for the role of social factors or subjectivity in trauma recovery.

Possible tension between Acholi and Western individual trauma treatments.

In light of this, the Ugandan trauma treatment of exorcism radically differed with the Western developed treatments for PTSD found in the TREP. Words, meanings and experiences of Acholi trauma and recovery appeared to be subjective with reality being interpreted through individual, cultural, historical and societal definitions and understandings (Crotty, 1998). This is consistent with the literature review that indicates how responses and behaviours become socially patterned, organised and symbolic over time (Blumer, 1969; Hewitt, 1984). Complex sets of meanings about trauma and recovery have been perpetually transmitted through symbols; for example, words, gestures, rules, and roles allowing people to interact, share experiences and communicate with each other in a meaningful way (Peterson, 1987). Charles Nyakiti (2012) aptly alleges:

It could be said that it was the diseases which were spiritualized, in the same way the illnesses were seen in terms of the anger of the ancestral spirits, or the curse of the living parents. If it was stomach ache, headache, miscarriage and other diseases that are spiritualized, the techniques of treatment deal not only with the physical aspects; the patient was given herbs to drink or rub on the affected part, but at the same time received full time psychological treatment as well (p. 156).

Moreover, Innocent conveyed in his interview how many clergypersons, frequently unaware of the physical, emotional, cognitive and behavioural symptoms of trauma, tended to regard traumatic symptoms as signs of demon possession. He claimed that, *"this is all they know"* even though it was rare for exorcism to result in symptom reduction. Cultural beliefs about treatment were modified to include the practice of exorcism. This is contrary to Western treatments in the TREP.

Psychoeducation offers an alternate perception of trauma.

The therapeutic counselling tool of Psychoeducation in the TREP tended to offer an alternate way for clergy and other trainees to understand trauma and how to treat the traumatised. Information regarding the neurobiology and symptomology of trauma meant that trainees no longer perceived the traumatised as demon possessed, but as exhibiting universal trauma responses. Learning Western skills and strategies to reduce traumatic symptoms altered previously accepted modes of treatment. In the following representative quote, Innocent shared how Psychoeducation was essential for his collective-based value culture:

"We need to bring to their minds that it is not the spirits. When you undergo tragic events it affects your mind. You can continue to recall the event just as it was in the situation. So you need to talk it over with clients. I would give them Psychoeducation that it is about trauma – it's not about spirits. So when the client comes to know that it is not the spirits but is the effects of the trauma, the tragic events of the client can be worked through. Then the symptoms begin to clear until he is totally delivered. It works for me. And many do not now believe it is the spirits - it is the effect of trauma, especially if they have undergone psychoeducation."

Thus, Ugandan trainees deemed that Psychoeducation was useful in helping them to understand, conceptualise and treat trauma. This is consistent with the APA's (2013) imperative in the literature review; for example, clients should be informed of "the meaning of specific symptoms and what is known about the causes, effects, and implications of the problem" (APS, 2010).

Sri Lankan cultural explanations for illness and adversity similar to the West.

In the Sri Lankan case study, only the Christian religion was reported to significantly influence trauma recovery. Christian trainees in Sri Lanka reported how religious beliefs sustained them, serving a protective and therapeutic function; for

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example, in most of the participant documents trainees recorded how the Holy Spirit was a felt entity and prayer offered a powerful method of managing and containing trauma symptoms.

Although almost half of the trainees in Sri Lanka reported belonging to the Hindu faith, the influence of their religious beliefs on their trauma and recovery was not mentioned. One possible reason may be that a Christian NGO sponsored TREP and trainees may have felt that their faith was subordinate to the dominant ethos. Therefore, they may have remained silent about the influence of their religious beliefs on their recovery. Another reason may be that Hinduism, like ATR in Uganda is highly connected to the Tamil cultural heritage where a person is born into the Hindu way of life and trainees may not be cognisant of its effects on trauma recovery.

Theme 5: Male dominance/status negatively affects support for female trainees' participation

The cultural entrenched gender role differentiation in Uganda played a part in what the trainees discarded from the TREP. This preserved social cohesion and may explain why the TREP consisted of an overrepresentation of male trainees. Esther claimed the reason was that women were assigned little value or status and were regarded as *"the weaker sex"* or *"the weakest link"* in Acholi culture. Women's lack of autonomy, decision-making power and prescribed gender roles meant that they were underrepresented in the TREP. Significantly, Uganda's high masculinity culture contrasted with the researcher's Anglo-Australian culture where "social gender roles overlap: Both men and women are supposed to be modest, tender, and concerned with the quality of life" (Hofstede, 2011, p. 297). Nevertheless, when asked about the influence of gender in trauma counselling, Ronald stated in the following quote:

"The women are more open to counselling. They always are. Not the men. Because I think women really want to make homes, peaceful homes. But not the men."

This was also similar in Sri Lanka. The researcher's fieldwork journal recorded a conversation with a male participant who declared that the trainer *"needed to work with women who can facilitate openness in the family because women hold the family in their hands.*" Hence, the constraints of gender differentiation appeared to disadvantage women in their trauma recovery training and subsequent wellbeing. This cultural value may well lead to negative outcomes for the wellbeing of both genders. According to Ishan, there was pressure to maintain the status quo; for example,

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several female trainees found it difficult to continue to apply the counselling skills after the training. Ishan stated:

"They took our training very positively...However, they wrote [in their journals] that it is very difficult for them to go back and start their new life with the understanding of what we taught or how we equipped them. A teacher had an alcoholic husband and one day after training she came to the preschool and one side of her face was swollen. When I talked with her over the phone she cried and she told me...the husband hit her because she was out of the house for 3 days for this type of training because he doesn't want her to equip herself. These are big challenges."

This woman's husband thwarted his wife's attempts to heal and be involved.

Perhaps there exists a collective cultural solution to gender inequality in participation in the TREP. The researcher's fieldwork journal recorded multiple times where previous TREPs have benefitted married couples. Ishan posited that, "*The good way is to bring them as a family, to bring them out of their comfort zone.*" Despite the punitive financial costs Ishan suggested a cultural solution in the following quote:

"It is difficult but we can say no charges and you will get something for your participation. This is like what the government is sometimes doing - offering that if you come you will get 75% of your day's income and food and training."

Hence, creative solutions are required that accommodate the collective cultural context and enhance support for women's participation in the TREP.

Theme 6: The influence of cultural shame and personal hiddenness effects the trainees' responses to the TREP

In both case studies, cultural expressions of shame and personal hiddenness appeared to constitute socially constructed values that maintained social harmony and influenced their perceived usefulness of the TREP. Definitions of shame describe it as a painful, humiliating exposure. Budden (2009, cited by Greene and Britton, 2013) describes shame as:

The quintessential social emotion underlying social threat, comprising a family of negative feelings ranging from mild embarrassment to severe humiliation. It is the painful self-consciousness of or anxiety about negative judgment, unwanted exposure, inferiority, failure, and defeat (p. 196).

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The Merriam-Webster Dictionary ("shame", n.d.) add "dishonour or disgrace" to feelings of shame. Thus, shame includes elements of secrecy, silence and judgment and involves inflicting a wound to the identity that causes one to hide.

These definitions of shame are inadequate to convey its feeling state. An enquiry by Kaufman (2004) into the psychology of shame notes that shame has been neglected in the literature, partly because "there is a significant degree of shame about shame, causing it to remain hidden" (p. 4) and partly due to "lack of an adequate language with which to accurately perceive, describe, and so bring into meaningful relationship this most elusive of human affects" (p. 4). Kaufman (2004) declares that there is no adequate scientific language with which to "describe inner experience" (p. 4).

Personal hiddenness appears to be as painful as shame. Hiddenness is defined as "the state of being covert and hidden; covertness, concealment, privateness, secrecy, and privacy" ("hiddenness", n.d.). Moreover, to be hidden is "the fact or state of being difficult to notice or discover" ("hidden", n.d.). Chamarette and Higgins (2009, p. 4) argue that shame and hiddenness are synonymous. McGowan (2013) contends that, "No act is in itself shameful without hiddenness attached to it" (p. 134). In both case studies, shame and hiddenness were related to the Tamil collective-based ideal of social harmony. In the following quote, Ishan in Sri Lanka, expressed one of the challenges:

"This is a shame culture where they don't want to hear from us that it is wrong...and some are not allowing their spouse to come to the training program."

Interestingly, Ishan refers to his culture as *"a shame culture."* In shame-based cultures, primacy tends towards non-disclosure as a product of the emotion of shame for behaviour regulation (Creighton, 1990). This is in contrast to the Anglo-Australian value of self-disclosure. In both case studies, a strong emphasis was placed on loyalty to either their clan or their extended family that was intended to act as "a major source of identity and protection against life's hardships" (Dolan & Kawamura, 2015, p. 109). Hence, shame appeared to play a pivotal role in ensuring social correction and conformity, thus strengthening and reinforcing social bonds and the trainees' sense of collective identity. This is illustrated in the following quote:

"Most of the time in our culture people won't show our weaknesses; we always want to show our strength. So though we are afraid we don't want to show that we fear. We just show them that we are not afraid. People think that showing our weakness and being open is something to be shied away from; that we are weak, we are not worthy..." (Amila)

A further example was shame-based parenting in Sri Lanka. Lahiru voiced how his mother died during the war while he was small. This huge trauma was exacerbated by his extended family members' use of shaming and name-calling as demonstrated in the following quote:

"Some of my aunties told me: Why you came to your mother's womb; you're a curse. They are words they used and that was really painful for me and I lived a life asking questions about those things: Why did God allow me to go through this type of thing?"

In Anglo-Australian culture this would constitute emotional abuse. However, in Tamil society, this kind of shaming appeared to function to maintain public compliance to moral codes, social norms and fundamental interests of the group (ethnic, cultural or religious). The TREP valued self-disclosure that both collective societies appeared to discourage. The general feelings expressed by the respondents pointed to the core value of emotional discipline.

Shame and personal hiddenness appeared to be socially constructed to serve adaptive, regulatory and protective functions (Schore, 1994). According to Somasundaram (2007) the general Tamil population survived the war by exercising qualities such as passivity and submissiveness:

These qualities have become part of the socialization process, where children are taught to keep quiet, not to question or challenge, accept the situation, as assertive behaviour carries considerable risk. The creative spirit, the vital capacity to rebuild and recover is being suppressed (p. 12).

Therefore, shame and hiddenness served an adaptive survival function that continued even when no longer needed; for example, the findings showed that it was shameful for a Sri Lankan husband to share his inner life with his wife because he would lose respect in the community. Amila demonstrated this in the following quote:

"We don't show the clear picture, we just hide things... We just want to pretend; we just want to act like we are a good man, we don't do wrong, and we are perfect."

Is this type of shame and personal hiddenness socially constructed?

Gilbert (2003) suggests that shame can be both externally and internally oriented. Externally, shame is transmitted as perceived rejection from disapproving others and

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internally as self-judgment based on internalised moral principles. "Externally, these 'safety behaviors'" characterised by "defensive postural responses" including "body slumping, gaze aversion, turning away of the face, and dissociative stupor, ...signal submissiveness or defeat, while internally they signal the need to withdraw from social interaction" (Budden, 2009, p. 1033). For example, in the Ugandan case study Innocent described how "you are getting stressed but inside you there is another wall being built to accommodate the situation." The following quote confirms how the affects of trauma were concealed from others:

"The men are in the controlling position in the family and they won't show their weaknesses very much, and they won't show their grief much in front of others, and because of that I think they don't have the opportunity to bring out their inner feelings and they're hiding by taking alcohol. And even I can see it in the ladies also, because they lost a lot of their children and brothers and family, but now they don't have a way to soothe themselves." (Ishan)

It appeared that in order to deal with the shame of trauma and grief, the traumatised men needed alcohol to anesthetise the trauma symptoms.

In the literature, shame is sometimes referred to as a "self-conscious" emotion (Tracy & Robbins, 2004). The prevailing model in Anglo-Australia is that shame attributions are externally oriented to the expectations and social norms of others, reflecting a belief that the self-construct is "independent" (Markus & Kitayama, 1991). However, the self-construct of collective societies tends to be "interdependent" (Markus & Kitayama, 1991; Triandis 1995). Rand (1995) aptly expressed this as, "Collectivism requires self-sacrifice, the subordination of one's interests to those of others" (p. 346).

Shame and hiddenness prevent nurturing support.

In interdependent cultures such as Uganda and Sri Lanka, the culture of shame appears play a large part in preventing nurturing support. It acts as an internal motivator of self-improvement; a characteristic to be expected and valued in the group's social norms. Whereas an Anglo-Australian may feel shame for his or her actions, individuals in Uganda and Sri Lanka not only feel shame for their own actions but also for the actions of others, especially those in their immediate and extended family (Tsai, 2006). While this may normally reinforce social harmony, it is argued that it is contra-indicated for the trauma-exposed trainees in the TREP.

Initially, shame and fear of the lack of emotional discipline facilitated personal hiddenness and lack of self-disclosure in the TREP. Social pressure to hide the effects

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of trauma appeared to reinforce secrecy and counteract nurturing support for each other. Yet, more and more research evidence suggests that the nurturing solace offered by close relationships protects people from physical and emotional illness and improves resilience (Taylor, 2002). Thus, disclosing suffering and procuring nurturing solace for trauma recovery appears to apply to all societies regardless of their cultural values. This is exemplified by Esther's reflections when asked what would help in trauma recovery:

"The listening to the pain I have, and giving me time to pour out my heart...getting it out, getting it out, getting it out, yes."

David suggested in his interview that 99% of spouses (including clergy) exhibited hiddenness. However, David wanted this to change and believed that the clergy trainees needed the most help in order to change the culturally entrenched tendency to hide from each other. He desired that the TREP include more married couples in the future to facilitate self-disclosure within this key relationship.

Nonetheless, Esther commented that in her culture men would never self-disclose and the low status of women, meant that they were discouraged from having a voice by their men. Esther expressed:

"Women will never keep quiet. They would open up. They would even show their emotions. But the African men would be too proud to come down and show their pain among fellow men, because in our country in the north, they are warriors. A warrior would never be supposed to break down in any way."

According to Esther, men remained emotionally hidden because of social norms that forbade the expression of emotions to their wives. Consequently, women were suffering from lack of emotional connection to their husbands. Perhaps as a result of this it was reported that a large number of male trainees perpetrated domestic violence. Innocent spoke of the problem of aggression in northern Uganda due to trauma, unemployment and substance abuse. Men appear to lack the nurturing solace that can be offered by close relationships (Taylor, 2002) partly due to their lack of self-disclosure.

Gender differences affect women's capacity/willingness to self-disclose.

Entrenched cultural gender differences affected women's capacity and/or willingness to self-disclose in the TREP. This is demonstrated in the following quote recorded in a male Sri Lankan participant's reflective journal:

"Most women are thinking that something is happening in their life but most

are hiding their life and if they are not talking to others, uncomfortable feelings are there."

This appeared to be true of both genders as the following quote reveals:

"When you go to the village or if you talk to people straight, they never say what they've gone through." (Ishan)

The TREP highlighted the socially acceptable behaviour between genders. In the following quote, Esther offered an example of how non-verbal language differed between the Western trainer and the Acholi trainee couples:

"In Western culture when they speak, men look at women. But for a woman to look right in the eyes of a man here, it's insulting."

In her interview Esther quoted the following Acholi proverb to illustrate the silence of women that preserves social harmony:

"If you are angry, put water in your mouth, as it will keep you from talking."

Nevertheless, the Anglo-Australian trainer attempted to distinguish between cultural sensitivity to gender customs and encouraging the trainees to risk new behaviours. The use of the therapeutic tool of couple dialogue that applies the principles of EFT mentioned in the literature review appeared to facilitate vulnerability, openness and self-disclosure between the trainee couples. This appeared to lead to the breaking down of the barriers regarding women's reticence to share their experiences. In the following quote Esther explained how this was achieved:

"Women are always bottling their issues. They can't open up with a man. But they [TREP facilitators] had a wonderful way of bringing it out. I think everybody was like: Wow; that can work! Especially the women There was a statement, "I feel this when you do this," and "I feel like this when you..." It's not, "I'm attacking you." So that was a new way of talking. I believe these are things that we need to know that will drop our negative cultures though they are still very strange because women don't talk like that. But if it works, if it could bring the marriage together. Why not try it although it could be strange to the culture?"

Esther believed that changing the Acholi entrenched customs surrounding selfdisclosure was necessary for healing and she believed that the TREP could function as a cultural change agent in this area.

Similarly, in Sri Lanka the TREP encouraged the trainees' insight into the impact of gender in their capacity/willingness to self-disclose. The researcher's fieldwork journal records how in a previous TREP conducted in 2011, couple self-disclosure

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changed over the three day period from no sharing to plentiful sharing due to a breakthrough that began with two of the wives. Extract 8 states:

Sri Lanka Journal Entry: 3 July 2011

Both women had to ask permission from their husbands to tell their stories. They told their stories in tedious detail (for about 20 mins.) as a way to seemingly contain their emotions. But when they could no longer contain, they broke down in tears. This vulnerability opened the group to deep sharing. Two of the men had tears in their eyes. This was counter-cultural.

Extract 8. Researcher Journal Entry.

Thus, inviting couples to the TREP appears to be a collective solution not only to accommodate women, but also to facilitate norms of self-disclosure from both genders.

Internal discipline attracts respect.

The influence of culture on the usefulness of the TREP is aptly express by Asante (1984), who claims that an undisciplined Ugandan (such as one who publically expresses emotion) creates disharmony in a culture where people are largely defined by their actions that lead to social harmony. Esther illustrates this in the following quote:

"Let's say the people in Gulu where a husband was standing there and Kony's rebels raped his wife. A husband would never disclose it. In fact a husband would disown the wife - you've been used, go away; it's not my problem, it's yours. So a husband would never stand up; even if he's in pain because he would feel so much shame more than the pain. Pain is shameful of course, but he would feel so ashamed like people talked about me and my wife and my wife having been abused, defiled in front of me...there are some issues that would cause shame which are very, very painful. And they would not want to open up."

Esther's quote suggests that shame is excruciatingly painful for the Acholi and to selfdisclose is to risk judgement for one's lack of emotional discipline. Hence, there existed cultural limitations on self-disclosure. This was demonstrated in the following quote:

"Because if they open up in a big group and they talk to each other someone would even stand up and say, "You are too weak. Please, you don't have to go into that." And we have a proverb in my culture that you don't show your dirty linen in public." (Esther) Further, Esther purported that vulnerability signified shame, especially for men as illustrated in the following quote:

"The pain is about vulnerable because if you see through me that I'm vulnerable, then it is shame especially...the man."

Internal discipline was seen to attract respect and the traumatised in the Acholi society were supposed to look to those who have faced similar traumatic experiences and have acquired enough inner strength and resilience to suppress their emotions (Asante, 1984). Thus, a traumatised Acholi would look for help to those who appeared to possess inner strength and resilience from facing similar experiences. Suppression of emotions and internal discipline appeared to remain strong Acholi values even after experiencing severe political violence and civil warfare.

In both case studies, individual and collective meanings of traumatic shame were expressed in how the collective experienced, managed and communicated their shame (Budden, 2009). As mentioned in the introduction, in the TREP Ugandans laughed when they were sad, puzzled, uneasy, angry, embarrassed, or grieving (Chen & Huat, 2007). This behaviour, recorded in the researcher's fieldwork journal appeared to be socially constructed to manage the shame of disclosing traumatic experiences.

In the Sri Lankan case study, a culture of shame and personal hiddenness was also found where it was shameful to self-disclose for fear of the lack of emotional discipline. This was exemplified in the following quotes:

"You don't share your heart. We cannot share because if we share, the next day it will be in the newspaper or on the television, so all the people will know. If we share personally, another day they will use it as a weapon to threaten us, to bribe us or do something bad. So always we have to be in fear that the situation will be worse than what it was... Whatever it is, in our culture we cannot share our opinion. We have to keep it inside and we have to go through with it till we die." (Amila)

"Most of the people have pains but they not sharing with others." (Hasni)

"There's a cultural thing in our community where we have two things: 1) we don't don't want to face the problem, we want to just run away, and, 2) we don't want to openly share also." (Thilina)

Collective features, such as the imperative to behave "properly" appeared to be a form of social control. Individuality and independence (Western norms) were discouraged and the behaviour of individual members was seen to reflect on the entire

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family. When a family member experienced shame it was not necessarily due to individual feelings of remorse over their actions but how their behaviour brought shame or embarrassment on the family unit. The following Tamil quote that was also reflected in other trainee responses, encapsulated this:

"Most of the time in our culture people won't show our weaknesses. People think that showing our weakness and being open is something to be shied away from; that we are weak, we are not worthy..." (Amila)

These examples show how the power of socially constructed Sri Lankan norms regulated behaviour and discouraged self-disclosure during the TREP. Avoiding shame for Tamils necessitated personal hiddenness. Strong emotions such as sadness, grief or pain were generally not acknowledged and self-control was regarded as a sign of maturity. The researcher's observations of trainees recorded how expression of inner distress often signified family failure. Consequently, restrained by their culture, the traumatised Tamil trainees tended to refrain from disclosing their suffering.

In contrast, expressing strong emotions for an Anglo-Australian TREP trainee would tend to be more internally motivated, focusing on the dignity and welfare of the individual and primarily relying on an individual's guilt or "conscience" (Singer, 1971, cited by Chamarette & Higgins, 2009, p. 16) to maintain social order. Individualism tends to value what is right and true. An example is the rise of talk shows in Western countries and social media where exposure of a plethora of private, inner experiences is considered socially acceptable in the West. Thus, the Western developed TREP valued self-disclosure as essential to trauma recovery, while the trainees valued self-control and emotional suppression.

Thus, the TREP was influenced by the socially constructed norms of not showing fear and weakness to preserve social harmony. Even though the trainees were constrained to hide their suffering in order to prevent being judged as weak and/or emotionally undisciplined, the Western developed TREP encouraged the disclosure of trauma stories in order to give voice to troubling emotions.

Lack of self-disclosure in Uganda is due to fear of lack of confidentiality, safety and trust.

Cultural played a part in what the trainees discarded from the TREP in terms of the overall lack of self-disclosure during the Ugandan TREP, due to fear of lack of confidentiality, safety and trust. Some of the reasons were:

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 Even though the therapeutic tool, *The Tree of Life* helped some trainees to self-disclose their trauma stories it tended to be superficial, as trainees feared the lack of confidentiality of their fellow trainees. In the following quote Esther offered a personal explanation:

"As a leader in the country, I don't think I would open up my pain to a group...I think I would be very careful because I know due to the size of our community and what would go out that, "Vivian said A, B, C, D"... Then I would feel small because they've talked about my pain and because word would come back to me. It is a small area."

This was evident in an apparent lack of safety and trust between clergy trainees. Several hypotheses are: firstly, the group of approximately seventy participants was deemed too large to create enough safety for trainees to share deeply. Joan suggested that smaller groups consisting of both genders with a facilitator present would mean that participants would be sharing with the facilitator rather than each other. Esther concurred and claimed that the trainees would pour out their pain in smaller groups. Secondly, Henry suggested that living in a small community where everyone knew each other was problematic as social norms dictated there should be no displays of pain in public. Henry explained with a personal example of his counselling experience in Sweden. He conveyed that he was able to cry in the Swedish counsellor's office but not during the TREP. He reasoned that if he expressed his pain during the TREP he would be derided by other trainees and seen as weak. According to Henry this constituted a graver type of pain.

- There was little time for deeper sharing as the TREP was limited to two days. In her interview, Beatrice perceived that this time period was too short to create safe group dynamics.
- Deeper sharing was discarded due to the venue. Esther suggested that participants would have been more comfortable in a natural healing environment away from the setting that represented the place of their pain.
- 4) The group should have consisted of nearly equal numbers of males and females. According to Esther, it would make a difference if the group consisted of equal gender distribution because as Esther conveyed in her earlier quote:

"Women will never keep quiet. They would open up. They would even show their emotions."

Equal representation of females may possibly facilitate self-disclosure for all the trainees.

The TREP challenges lack of self-disclosure in Sri Lanka due to fear of lack of confidentiality, safety and trust.

In the Sri Lankan case study, the cultural fear of the lack of confidentiality, safety and trust affected the trainees' self-disclosure for similar reasons, thereby effecting what was deemed useful and what was discarded from the TREP. However, Ishan believed that, "Once they realise that's it's safe they will start to talk." He was referring to the fear of "telling a government officer or a legal person or an army person." Additionally, traumatised couple trainees began to talk more intimately with each other after the facilitator explained the necessity of confidentiality. Sampath demonstrated this in the following quote:

"Really there was no confidentiality to share in our community. They don't share their doubts and unbeliefs. Now they [the clergy] started spending time with people trying to create confidentiality and basic trust for others to share openly because this people we keep the secrets."

The value of confidentiality was stressed in the TREP in order for the trainees to experience a safe training environment where they could learn basic trust. Most of the trainees believed that it was possible to benefit from self-disclosure. It was deemed that smaller groups within the TREP context, confidentiality, increasing the length of the TREP, an out-of-area, naturalistic venue and equal gender distribution of participants would increase the usefulness of the TREP in facilitating self-disclosure; for example, the following researcher journal entry (Extract 9) illustrated how simple measures such as separating genders into smaller groups might counteract the cultural fear of speaking out: Uganda Journal Entry: 2 June 2010

The women are reluctant to speak. When I ask about their shyness, one very brave woman conveys that they fear their words will spread through the village and their husbands will punish them. They are especially afraid as recently a brave woman told her husband how she felt about him and he beat her to death. The fear is real and palpable. I think about how to break the silence and facilitate self-disclosure in a safe way. It comes. We split into triplets and promise confidentiality with raised hands. I stand back and observe, as several groups break free from their silent prisons. My heart leaps.

Extract 9. Researcher Journal Entry.

Perceived benefits of changing cultural norms, such as lack of selfdisclosure.

Cultural norms such as lack of self-disclosure effected what was deemed useful and what was discarded from the TREP. Fundamentally, self-disclosure is an important value in the Western developed TREP. Yet, is this only a Western individualistic value-based concept? Studies show that self-disclosure involves describing the effects of traumatic events in ways that others can understand (Lepore, Fernandez-Berrocal, Ragan, & Ramos, 2004). This assists individuals to cognitively process traumatic events and to receive valuable support and feedback from others (Lepore et al., 2004). In Western counselling models, emotional disclosure of the impact of traumatic events is perceived to support personal growth, assist in symptom reduction, decrease distress and improve one's immune system (Lepore et al., 2004; Pennebaker, Zech, & Rim, 2001; Taku, Cann, Tedeschi & Calhoun, 2009). Does the Western developed TREP assist the trainees in the facilitation of self-disclosure that serves as a healing tool? A Ugandan example was Henry's marital relationship that presented evidence of change after attending the TREP. He summarised this in the following quote:

"You know, it is not easy for a man to expresses his love openly to the wife. Love involves sharing and perseverance and forgiving... Without love how can we survive? My wife and I now really spend good time together as a result of the TREP I attended." (Amila)

Thus, the TREP helped Henry to breakdown cultural norms by implementing selfdisclosure and offering nurturing support to his wife.

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Moreover, when the Sri Lankan TREP allowed and encouraged vulnerability in self-disclosure, the Tamil social norms of emotional restraint appeared to relax. The researcher's fieldwork journal recorded an incident that occurred during the TREP when it was noted that one of the wives was required to ask permission from her husband to share her story. Amila explained this in the following quote:

"Because her past life was so bad. If she shares, the others and society won't respect her or her husband. But she shared because she found a secure place. She felt that we are in a place that I won't be rejected, I won't be cast down, this a place that I can share and it's a place that I'm used to come to."

This was also demonstrated in the following quote:

"So it is because they were brought to feel secure. They were in a situation, an atmosphere where they can be free. They have a feeling that they won't be rejected and it brought a feeling that they won't be put down or trampled. So even though I share my heart, I have a place of acceptance." (Thilini)

The key to self-disclosure during the TREP appeared to consist of a safe, nonjudgmental place that facilitated empathy for others. This sense of safety appeared to help to breakdown concerns and modify the social norms of shame and personal hiddenness. This is consistent with Rogerian (Rogers, 1951) counselling, mentioned in the literature review that attests to the therapeutic benefit of these core values. Another example was found in the researcher's journal entry (Extract 10):

Sri Lanka Journal Entry: 18 August 2011

After the conference another young man conveys how beneficial the sessions have been for him and his wife (married for a year). He expresses that he learned he demonstrates love for his wife in ways he likes to receive it. Now he desires to show his love for her in *her* way. He articulates how he is encouraged by the male facilitator's tears and reveals that he too, is emotional when speaking of things close to his heart. It has granted him a sort of permission to come out of hiding and he cements the exchange with a warm hug (unusual for Sri Lankan men).

Extract 10. Researcher Journal Entry.

In the TREP, the researcher observed that shame was mitigated by self-disclosure. Brown (2012) views vulnerability and self-disclosure as the cure for shame that allows a person to move from personal hiddenness to closer personal and interpersonal relationships. In fact, some Western theorists believe that, "Confiding in others has a positive effect on the cardiovascular system, preventing specific, adverse

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effects of aging" (Uchino, Cacioppo & Kiecolt-Glaser, 1996, cited by Johnson, 2004, p. 3). Herman (1997) believes that traumatised individuals need a safe place to confide their stories in order to heal:

The ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud... Atrocities, however, refuse to be buried. Equally as powerful as the desire to deny atrocities is the conviction that denial does not work. Folk wisdom is filled with ghosts who refuse to rest in their graves until their stories are told (p. 1).

Moreover, feelings do "serve a protective purpose" (Schiraldi, 2000, pp. 92) but Catherall (1992) suggests that, "The most damaging feelings are those that are not discussed" (p. 160). It is argued that, "wholesome experience and expression of feelings is necessary for mental health, peak performance, and relationships that go deeper than mere superficiality" (Schiraldi, 2000, p. 93). Elsass (2001) contends, "The war survivor has such a double narrative in which one story is well known and the other is his 'pathogenic secret'" (p. 361). The Western TREP trainer attempted to listen for trainee trauma stories. In order for the trainees to feel heard, two levels of listening were required: 1) individual; and, 2) collective (p. 361). This was demonstrated in the following quote:

"What I want to say I can't. In the past I have put on a face to let other people see that I'm okay. I don't want to do that because all my family members were all affected by pretending to be OK." (Fathima)

Fathima knew that to declare her suffering was to invite communal shame for her perceived lack of emotional discipline. Nevertheless, she conveyed in her interview how she risked self-disclosure during the TREP because she believed it would help her and her family to heal. Thus, the desire to heal and a safe training environment overrode shame.

It appeared that the creation of a safe environment in the TREP not only allowed the self-disclosure of trauma stories, it also facilitated the accessing of healing skills and strategies that promoted the reciprocity of empathy and support as demonstrated in the following quotes:

"Above all, it was a great thing for us to share our trauma experience and help one another, and also to learn so many methods that will help us get better in these areas. We truly thank everyone who made this program possible." (Chathu)

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"It was totally a different experience for me. I don't want to do this but I feel I want to share my past. So it is because I was brought to feel secure. I was in a situation, an atmosphere where I could be free. I have the feeling that I won't be rejected and I won't be put down or trampled. So even though I share my heart, I have a place of acceptance." (Sachini)

These quotes convey the healing nature of self-disclosure in trauma recovery.

A side effect of self-disclosure in the TREP was bearing witness to each other's pain. This constituted a powerful experience of healing. Many participants described the significance of how breaking their silence regarding their traumatic experiences led to relief. Even though Ahlberg (2007) would describe collective cultures as "silence-of-shame" (p. 182) cultures, according to the majority of trainees, bearing witness to another's suffering constituted "a social process that exposes a disavowed reality of evil and suffering...as a curative element within treatment" (Ullma, 2006, p. 181). Despite the limited level of self-disclosure by Ugandan trainees, Maria was affected by its benefits as illustrated in the following quote:

"Sharing experiences...[in the TREP] that man brought up the issue of a lady who cannot pick a friend or read people's messages because of trauma. If you are exposed in a situation in which you had failed to come out of that trauma, if you are in a training like this and some small space is given so that we share with our friend, you see how it can work."

Self-disclosure was also powerful collectively. The archival documents recorded how trainees were asked in a previous TREP to compose a lament in small groups using drums, words, singing or no words. Esther described the experience in the following quote:

"That was very, very helpful. It was received so well. And that means they could compose a song and not like own it that it's my pain but it's all ours. It's all ours and we can learn this song."

Instead of individuals risking the social consequences of breaking the silence, communal expressions of pain and trauma appeared to be acceptable and led to a sense of solidarity. This cultural adaptation of the Western concept of individual selfdisclosure resulted in the capacity to witness each other's pain in community. Selfdisclosure occurred as trainees were provided with this safe communal holding environment that contained their traumatic arousal and facilitated healing for traumatised individuals within their community. Hence, even though self-disclosure appeared to be counter-cultural for the Acholi and Tamil societies, trainees found that it was useful in their trauma recovery when facilitated in the safe, non-judgmental environment of the TREP. Self-disclosure allowed shame to be exposed and reduced, thereby enabling trainees to cognitively process their trauma and receive support.

Therapeutic tools help to facilitate self-disclosure.

The therapeutic tools in the TREP assisted the trainees to change their cultural perceptions of self-disclosure by deeming it to be useful. In Sri Lanka self-disclosure increased through the use of the therapeutic tool of couple dialogue identified in the literature review that applies the principles of EFT. Amila testified to this in the following quote:

"Heart to heart sharing is really a new thing for us. Most of us are sharing that we had a good experience. We are sharing heart to heart and are able to see new things and longings when we were able to do a few things exercises. We were happy about the sharing...I hope when we go home there will be a difference and we will be different in our lives in the way we react and how we are sharing...I think there is going to be big change in our lives and it's going to remind us of what we have learned here and our lives are going to be changed actually."

Heart to heart sharing involved listening for feelings. Amila claimed that practising *"listening to the message beneath the words"* helped the trainees to begin to understand the inner worlds of their spouses. How this was counter-cultural and useful was revealed in the following quote:

"Especially you taught us to listen, one thing. The other thing is more than listening to a person's words, it is listening to the emotions- what's underneath, what's going on, what they are really feeling, what the real problem is. Most of the time the people don't share the real problem through their mouth, they just react."

In the following quote Sampath revealed a deep desire for cultural change in selfdisclosure:

"Because of the culture they don't want to share the deep things. But we must create trust basic so we can identify the issues. And the other person will open their hearts to share because of the trust basic."

Thilina also affirmed this in the following quote:

"There a lot of things within that we never share but after this teaching there was such a release to bring it out, the opportunity to share their hearts."

Thus, the trainees deemed that in a safe learning environment the therapeutic tool of couple dialogue enabled them to come out of hiding and self-disclose their trauma issues. Amila summarised this in the following representative quote:

"I have a problem in listening. Just learning to be open has helped me to listen to my wife whatever the situation, and to understand her feelings. It has brought me to a place where I can think that this person is doing that because what I see is there's something underneath it. So I just have to find it out and help them. I've been helped a lot to think more about what is underneath than the words."

Concluding Remarks

This chapter addressed research question two:

What part does culture play in determining what the trainees deem is useful and what is discarded from the TREP?

Collectivism influenced what the trainees deemed useful and what was discarded from the TREP. However, the study found that collectivism is by no means uniform. Generalisations are always problematic and contain exceptions. However, it may be helpful to generalise about the social organisation of collectivism within each case study in order to understand how each society functions. Perhaps collectivism in a tribal society like Uganda, where the basis for social harmony and identity is kinship/clan, is not like collectivism in Sri Lanka, where the basis for social harmony and identity is the family. Clan members typically share common cultural characteristics, speak a common dialect, are subject to shared laws and rituals, share a unique history, are dependent mostly on the land (Gluckman, 2012) and are often isolated from the dominant culture. Tribal members remain obligated to the wellbeing of their particular clan (Gluckman, 2012) and this may explain the strong associations between understandings of trauma and recovery and cultural and spiritual influences.

Sri Lankan Tamil societal organisation was less tribal, more familial and more connected to the dominant culture. The increased availability of educational opportunities may also mean that the Sri Lankans had experienced greater exposure to Western ideas. This may have contributed to their greater willingness to adopt the Western developed therapeutic approaches and tools of counselling that were learned in the TREP in similar ways to their Western colleagues.

Both cultures valued the ideal of social harmony. The TREP was filtered through trainees' collective-based values where, as expressed in the literature review, "opinions and votes are predetermined by [the] in-group" (Hofstede, 2011, p. 11). It

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was collectively shameful to self-disclose in the TREP for fear of the lack of emotional discipline, lack of confidentiality and lack of safety and trust. Nevertheless, the trainees in both case studies appeared to perceive the benefits of adapting and changing some cultural norms such as self-disclosure using the Western therapeutic tools of counselling learnt in the TREP, particularly the use of the tool of couple dialogue. The TREP appeared to overcome the negativity of shame and hiddenness behaviours by facilitating self-disclosure within the safe, non-judgmental training environment.

CHAPTER 7

CULTURAL ADAPTATIONS

Introduction

The last chapter focused on the findings from research question two. This chapter focuses on the findings from the third research question:

What cultural adaptations have the trainees made to the TREP and how are they implemented?

Cultural adaptations are defined as "the systematic modification of an evidence-based treatment or intervention protocol to consider language, culture, and context in such a way that is compatible with the client's cultural patterns, meanings and values" (Bernal et al., 2009, pp. 361-362). However, informal adaptations by individual trainees are also cultural adaptions. Inherent in the third research question is why counselling knowledge and skills are changed from one culture to another. The findings showed that the trainees culturally adapted some aspects of the therapeutic approaches and tools of counselling that were learned in the TREP to fit with their cultures, particularly in Uganda. The key themes and sub-themes are listed below:

- 1) The tools of counselling in the TREP broaden the trainees' counselling skills;
- 2) Psychoeducation on the effects of trauma is adopted in place of advice giving;
 - Psychoeducation needs to be altered to contain less complexity;
 - Psychoeducation facilitates awareness and normalises trauma symptoms;
- 3) Trainees adapt the therapeutic tools to reflect cultural understandings;
- 4) Trainees substitute advice giving with listening and empathy skills;
 - Listening and empathy skills can be learned from the TREP;
- 5) Trainees adapt the Western counselling skill of probing to storytelling and the tools of counselling to self-disclosure;
 - The therapeutic tools of counselling are adapted by trainees to facilitate Acholi storytelling;
 - The therapeutic tools of counselling are adapted by trainees to facilitate Tamil self-disclosure;
 - Storytelling/self-disclosure generates support and empathy for others.

Theme 1: The tools of counselling in the TREP broaden the trainees' counselling skills

Prior to the TREP, prayer constituted the only Acholi clergy's healing strategy and

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tool they possessed in their counselling repertoire. The trainees adopted the Western therapeutic tools of counselling taught in the TREP and identified in the literature review. This broadened the trainees' ability to counsel. Esther, a key informant and president/trainer in a large, respected worldwide faith-based organisation, observed in her visits to various war torn areas throughout northern Uganda, that the male clergy tended to avoid people in their communities that were experiencing traumatic suffering. This was illustrated in the following quote:

"When called upon, the clergy don't want to handle it. I don't know why. And yet not only Uganda, but African countries need to have trauma counselling training so that people will be healed."

Perhaps the reason for the clergy's avoidance was because prayer constituted their singular therapeutic tool and its effectiveness was not always evident; for example, Irene stated that even though the skill of prayer was beneficial to religious leaders for *"opening the door"*, the clergy must learn to listen and offer other therapeutic tools of counselling in order to genuinely help traumatised people. This was demonstrated in the following quote:

"But you can have face to face like this, as we are sitting now, then you talk and you see the way forward to relieve the person from the pain that he or she is undergoing."

Notably, prayer as a healing strategy was not idiosyncratic to the Acholi culture. Santos (2009) reflects that in Western contexts the "vitality of prayer as a regular post-attack practice across all sorts of institutional practices" (p. 90), is offered as a relief strategy following disasters. Also, "Prayer as a practice [is] firmly anchored in church life as well associated with "spiritual life"" (p. 94). Thus, the Acholi clergy regarded the use of prayer as an appropriate response in a culture where spirituality permeated almost every area of life. Even the war was rooted in religion (Haynes, 2007) and Grace, an experienced counsellor, suggested:

"The spiritual leader is going to be talking about God because God here it is very important."

Moreover, the researcher's fieldwork journal recorded how prayer was linked to the Acholi cultural explanations and treatments for trauma. The previous chapter explored how the clergy typically viewed trauma symptoms as having supernatural causes that were "not perceived as psychopathology within the local culture" (Neuner et al., 2012, p. 252) and the standard treatment strategy involved exorcism. Irene demonstrated this in the following quote:

"In our culture if somebody is traumatised there is always the local leaders [clan elders and clergy] who always come... because even a person that is traumatised can be making noise, shouting. A person who is demonic they also shout, they also can even fight. Then they perform the rituals [exorcism] because at times they would think that the person is demonic."

The implementation of the Western therapeutic tools of counselling learned by the trainees in the TREP, extended the clergy's responses to trauma counselling beyond their use of prayer; for example, Esther observed how the addition of therapeutic tools learnt in the TREP enhanced trauma counselling by allowing clergy to be more helpful in facilitating expressions of pain:

"You could see how this guy could apply these skills as he listened to the problems...you could see this one nodding and this one pouring out their pain. Now with their skills they would apply them as those people share their pain."

Theme 2: Psychoeducation on the effects of trauma is adopted in place of advice giving

In both case studies advice giving was de-emphasised while the therapeutic tool of Psychoeducation tended to be adopted and implemented in similar ways to the West. The tool of Psychoeducation, that provided information on the neurobiological, physiological and emotional effects of trauma, tended to change trainees' perceptions of the causes of their symptoms; for example, the trainees were taught that trauma results from "an inescapably stressful event that overwhelms people's existing coping mechanisms" (van der Kolk & Fisler, 1995, p. 505).

Previous to the TREP, counselling practice in Uganda was akin to advice giving as Innocent illustrated in the following quote:

"The Africans do advice and we call it counselling, even those who have been trained and educated."

In Innocent's opinion, advice giving was often perceived as good counsellor training and counselling clients expected to receive it or they would remain unsatisfied. This was affirmed by the researcher's fieldwork journal and archival documents that both recorded several incidences of how the Ugandan trainees self-disclosed during the TREP, only to be given advice by other trainees. Additionally, several trainees related in their interviews and participant documents that, although they previously thought

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they were counselling, they were actually *"preaching"* to their clients as Innocent described in the following representative quote:

"Before I went for the training I would preach - the Bible says this, the Bible says that!" (Innocent)

The researcher's archival documents recorded another incident that typified advice giving or "*preaching*". During a previous TREP, a female community leader shared a personal testimony of how *The Tree of Life* therapeutic tool raised the issue of forgiveness that had troubled her. After she had finished sharing, a clergyman stood up holding an open Bible and "*preached*" to her about the perceived wrongness of her stance and how to "fix" it. Esther suggested that the reason may have been that the clan leaders and the clergy were largely ignorant of the specific methods taught in the TREP that were more helpful in helping people to heal than uninformed advice. The clan typically managed problems in the following ways:

"When I have a problem with my husband I can go to the Aunty who counsels me and she tells me how to fix it. She says: Yes you keep quiet my daughter. That is how I managed your father. This is how - just keeping quiet and swallow your pain. And she has high blood pressure; she is cranky every night." (Esther)

Thus, the therapeutic tool of Psychoeducation allowed the trainees to learn a range of culturally appropriate therapeutic tools to assist them in counselling.

In the Sri Lankan case, trainees also perceived that advice giving was analogous to counselling. In the following quote Amila encapsulated advice giving as a cultural practice that was also reflected in other trainee responses:

"So when the daughter gets advice from her mother, she doesn't think about anything, she just works through someone else's brain. You get it? We don't think, we just work through someone else's brain. We just talk through someone else. It is just so automatic... We are parroting what my Mumma said...I'm parroting what my uncle said without thinking about it."

Also, even though Senuri previously gave advice because that was the only cultural healing strategy she possessed, she perceived that she could now offer additional counselling tools that she learnt from the TREP. When asked to summarise her experience of what she learned about helping others, Senuri stated:

"I can help them to come out of trauma because almost everyone has trauma experiences and then I can help them rather than giving advice."

Thus, in both case studies, advice giving constituted a previously accepted cultural counselling strategy, but the adoption of the Psychoeducation tool of counselling learnt in the TREP expanded the trainee's ability to be more effective in helping others.

Psychoeducation needs to be altered to contain less complexity.

Earlier findings discussed how the therapeutic tool of Psychoeducation taught in the TREP was deemed to be too complex for the average trainee to grasp. However, the problem lay in the delivery, rather than the actual concept of Psychoeducation; for example, Innocent, an experienced Ugandan trauma trainer, conveyed how he offered his counselling trainees only a brief theoretical basis without too much detail. He reasoned that most trainees lacked the academic skills that enabled them to understand complex trauma issues as illustrated in the following quote:

"The teaching on trauma and the brain was a bit technical, especially to a layman. But you can explain a bit and not go into the depths. Keep it simple."

Contrastingly, Western standards of education are generally higher than those in developing countries, allowing for a more complex presentation of the tool of Psychoeducation. Therefore, the Psychoeducation tool was adapted by the Acholi to fit with their culture.

Further, the Sri Lankan TREP was also deemed to be too complex but for a different reason: the severity of the trainees' trauma symptoms due to the recentness of the war. Thus, the trainees adapted the tool of Psychoeducation to suit each collective culture in terms of less complexity and detail.

Psychoeducation facilitates awareness and normalises trauma symptoms.

The majority of trainees adapted the Psychoeducation tool learnt in the TREP over advice giving, as it facilitated identification and normalisation of their trauma symptoms. This is demonstrated in the following representative quotes complied from two anonymous Ugandan trainee documents:

"This has helped me in a way that I know that when I am traumatised, the brain fails to coordinate."

"This first session made me understand deeply what trauma really is and as a result, when I reflect back to what really happened in my life, which hurt me, I do feel my life is not settled. This makes me not healthy at all."

In the second quote, the trainee identified the neurobiology of trauma in a way that helped him to reflect on his previous trauma experiences and understand his current

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symptoms. According to Innocent, this awareness raising permitted the trainees to recognise their choices, as previously they tended to be unaware of their rights and lacked the necessary knowledge of the signs and symptoms of trauma. An example was how Psychoeducation explanations of trauma symptoms (such as flashbacks and anger) learnt by the trainees in the TREP, tended to normalise typical trauma reactions, thereby allowing the trainees to choose how to contain their distress, using the therapeutic tools that applied the principles of TF-CBT.

In the Sri Lankan case study, clergyman Kasun initially despaired over his perception of how many in his community needed counselling for family problems. Kasun adopted the tool of Psychoeducation that he learnt in the TREP to help him to understand that these problems resulted from trauma and contained the potential for normalising trauma symptoms. This is consistent with the literature review where Psychoeducation is described as "a relatively inexpensive and easy-to-apply mental health intervention in a developing country" (Prost, Musisi, Okello & Hopman, 2013, p. 270). Thus, in both case studies, Psychoeducation that explained trauma symptoms was adopted and implemented in similar ways to the West.

Theme 3: Acholi trainees adapt the therapeutic tools to reflect cultural understandings

The TF-CBT therapeutic tools of grounding and emotional containment prompted the trainees to adapt them to suit the Acholi culture; for example, the Psychoeducation tool taught in the TREP included the necessity of para-sympathetic activation (mechanisms that control the body's calmative processes) following severe trauma (Levine, 1997; Scaer, 2007). Esther claimed that the TF-CBT therapeutic grounding containment tools that were taught to trainees, in order to expedite para-sympathetic activation, failed to reflect Acholi culture that embodied physicality and outdoor activity as illustrated in the following quote:

"When they think it's a concept from the West you find another way of letting them exercise without feeling it's because every person needs to do some exercise. And that would be kind of putting aside the work and being yourself. Next time, you have to bring tennis balls and all this stuff to Uganda."

The Western concept of reducing hyper-vigilance in trauma survivors typically involves learning meditation and/or relaxation skills (Baranowsky & Gentry, 2014). However, some researchers suggest that play and outdoors activities may foster physical, cognitive and social benefits that contribute to wellbeing (Armitage, 2004,

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cited by Lester & Russell, 2008; Gardner & Ward, 2000; Madsen, Hicks & Thompson, 2011; Marjanovic-Umek & Lesnik-Musek, 2001; Statham & Chase, 2010). As a collective society, Ugandans placed low importance on relaxation and play (Hofstede, 2011) and according to Esther:

"That's why we don't actually think of holidays. No. You'd feel guilty. I mean I should be in the garden working. I should be toiling."

Though the majority of trainees consisted of male clergy who believed that leisure and relaxation were Western notions, they understood from the TREP that some form of para-sympathetic activation was essential for trauma recovery, as Esther demonstrated in the following quote:

"We can relax. We can take time out. We don't have to be digging a garden. We could actually play with each other and it would be fun. My body is being used for exercise. It has more uses than just work and drudgery."

The Ugandan trainees adapted the Western therapeutic tools of Psychoeducation, grounding and emotional containment to their culture to include relaxation and play activities that activate the para-sympathetic nervous system.

Theme 4: Trainees substitute advice giving with listening and empathy skills

One of the components of the TREP is helping the trainees to learn listening and empathy skills as opposed to giving advice or prescriptive listening that tends to limit counsellor effectiveness (Corey, 2012; Sue & Sue, 1990). The trainees in both case studies appeared to adapt advice giving to listening and empathy skills. In the Ugandan case, trainee experiences of trauma, combined with empathic selfexperience in the TREP, appeared to change the trainees' perceptions of effective counselling of others. David shared how he learnt during the TREP that empathy was different to sympathy as described in the following quote:

"You are very much deeper in the heart. You feel that this is actually happening to me. Being empathetic means that something that happens to that particular person, it happens to you because you are a human being like that person."

When asked, "What particular skills would empower the trainees to help others?" Esther suggested listening and empathic skills as illustrated this in the following quote:

"The way you brought it out it's the listening aspect, listening in all areas, the way the person is listening to the verbal and the non-verbal, that is a component that they would take out as something they really need and that's what they are able to use to let the other person pour out their story and they can listen without interrupting and without advising...that was something that they really got."

Likewise, Innocent believed that listening and empathy skills were a necessary part of the TREP because trainees needed to learn to hear the message beneath the words, to listen for feelings, and respond with genuineness and empathy. When asked "So what else would you teach in your three day counsellor training program?" Innocent declared in the following quote:

"Yes, that is what they need because you cannot begin to throw people into trauma without the basic counselling skills. You should introduce the basic counselling skills then introduce trauma counselling by applying the basic skills in trauma counselling."

According to Innocent, this included learning to ask open-ended questions that facilitate exploration of the issue as demonstrated in the following quote:

"You begin by exploring an issue such as anger. Then you don't just give direction but ask questions like: How would you like to deal with it? How could you overcome it?"

He asserted that the trainees needed to acquire listening and empathy skills to facilitate the exploration of a problem as opposed to the cultural norm of advice giving. If listening and empathy could replace advice giving, Innocent perceived that the following two dynamics would occur:

- The counsellor would have been tuned into the client's physiological, emotional, cognitive states and core message that is consistent with Ivey, Pederson and Ivey (2001) mentioned in the literature review; and,
- 2) The client would feel understood in the counselling encounter that is consistent with Rogerian counselling in the literature review that depends on the cultural competence and empathic abilities of the practitioner. Sue (1998) also states that empathic counsellors are able to "see and understand common experiences" (p. 446).

Similarly, in the Sri Lankan adapted by the trainees and were transferable skills that they learned from the TREP over advice giving. Like the majority of trainees, Hasni found that people needed to feel understood first before they could receive the therapeutic tools of counselling to help with their symptoms. According to Hasni, "We want to simply ask them, what is happening in your life?" Hasni contended that the war situation left behind great suffering in its wake and described it as, "Most of the

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people have pains but they not sharing with others. "However, during the TREP, Hasni experienced the opportunity to share her problems with others. She conveyed in her interview how she felt heard in a way that helped in her recovery. Moreover, Kasun also implemented the Western counselling notions of listening and empathy as demonstrated in the following quote:

"There are those who came to me and they know I'm really showing empathy and listening to him, and they are talk with their problems, and they see I am very honest and trustful due to that."

Thus, the majority of Sri Lankan trainees adapted and implemented the Western counselling tools of listening and empathy learned from the TREP enabling them to be heard and to effectively counsel others.

Listening and empathy skills can be learned from the TREP.

It is widely accepted that culture plays an important part in all aspects of the listening process (Dinc, Keklik & Erdem, 2013) and this research found that empathy could be learned. Inter-cultural studies reflect preferred behavioural patterns for particular cultures (Feather, 1995) and this is consistent with the Hofstede (2011) model of culture in the literature review where the "individualism-collectivism dimension" (p. 11) attempts to explain the differences in communication styles across cultures. Collective cultures tend to place significant value on personal relationships, deference to others, saving face behaviours and those that support social harmony (Dodd, 1998), all of which occurred during the TREP. Contrastingly, individualistic cultures such as Anglo-Australia, tend to value "assertive behaviors, self-expression and other self-improvement issues" (Dinc et al., 2013, p. 101) in the listening process. Thus, the listening process may look different in collective contexts and individualistic contexts, such as Anglo-Australia.

Moreover, the researcher's fieldwork journal records how trainee empathy appeared to be missing in many TREP group interactions. The reason may be that the cultural norms of shame and hiddenness, discussed in the previous chapter functioned to maintain social harmony, thereby decreasing empathic understanding of both the self and for others. Alternately, to express empathy in a Western sense tends to involve a "caring, understanding and empowering attitude toward the individual's emotional struggles, aspirations and personal growth" (Breggin, 2010). Ahlberg (2007) describes these cultural differences as "the silence-of-shame versus the catharsis-of-talking-therapy" (p. 182). The Western counselling skills of asking

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probing questions and empathic listening that leads to cathartic expression would contrast with collective societies (Watts & Horne, 1994) that value the cultural norm of emotional discipline and restraint. Hence, both Ugandan and Sri Lankan cultures tended to employ advice giving, that contained a cultural expectation of maintaining social harmony by notions of non-disclosure and emotional discipline, rather than the Western value of catharsis as a path to healing.

Nevertheless, during the TREP in both case studies, the therapeutic tools of counselling facilitated the trainees to implement their learned skills of listening and empathy over advice giving; for example, when asked, "So, how would you help someone?" Innocent suggested that learning to listen as the trainees shared their trauma stories, was *"a totally different and new thing"* in his culture and that gradual change may occur in the future as people benefited from truly being heard.

Notably, the need for listening and empathy skills appears to be universally necessary for effective counselling and necessary to include in the TREP. Sullivan (2000) describes good listening and its effects as:

All genuine loving begins with this attentive sensitive listening. This is the...giving up, at least temporarily, of my own point of view. It requires turning aside for the moment, from my own perceptions, in order to be present in the world of another, to see what the other person sees, to feel what the other person feels. Few other sacrifices on my part are so difficult. And probably no other sacrifice treats you with such exquisite reverence and respect (p. 46).

Likewise, empathy "is best understood as a skill because being empathic, or having the capacity to show empathy, is not a quality that is innate or intuitive. We might be naturally sensitive to others, but there is more to empathy than sensitivity" (Brown, 2007, p. 33). Hence, listening and empathy skills are learned requirements for effective counselling across cultures and should be taught and rehearsed in the TREP, using the therapeutic tools of counselling as means of teaching.

Furthermore, the importance of implementing the Western counselling notions of listening and empathy involves the creation of trust in the counselling and/or training therapeutic alliance. This is consistent with the Herman (1992) model of trauma and recovery, identified in the literature review, that advocates for the creation of a safe environment that facilitates the formation of trust in the first stage of the trauma

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recovery process. As the traumatised client begins to trust, they tend to begin to share more from the heart and as they begin to share more from the heart, it tends to facilitate recovery. This is also consistent with the literature review that identified how the therapeutic relationship between a counsellor and their clients proved to be a critical component in effective therapeutic outcomes (Lambert, 1992; Hubble, Duncan, & Miller, 2002). Kasun demonstrated this in the following quote:

"A husband came and talk to me with their problems, and after Sunday he came to church and he's telling me 'I'm very comfortable my feelings and things about I'm sharing with you, and this is happening and I'm very comfortable.""

It appeared that the skills of listening and empathy, acquired through learning the therapeutic tools that were taught and modelled in the TREP, facilitated a positive therapeutic alliance between the trainer and the trainees that engendered trust and promoted trauma recovery. The trainees were able to use that learning to help others in their communities.

Theme 5: Trainees adapt the Western counselling skill of probing to storytelling

The Ugandan case study de-emphasised the basic counselling skill of probing that Western counselling models tend to implement as a basic counselling skill (Corey, 2012; Egan, 2013), but encouraged storytelling as a cultural form of self-disclosure. Esther claimed that a Western style of probing was seen as, "*Why are you probing? Maybe you want to go and tell somebody else?*" When asked what culturally effective trauma counselling would look like, Esther explained it was engaging clients by creating a safe place for storytelling as an avenue for listening to the pain, and giving them time to express it. Esther believed that storytelling was central to Ugandan culture. As she previously mentioned, "*Africans tell stories; they love to tell stories.*"

It was argued in the previous chapter that self-disclosure is perceived as an important part of Western trauma healing (Uchino et al., 1996, cited by Johnson, 2004; Herman, 1997; Schiraldi, 2000). The Acholi adapted the concept of self-disclosure to their culture through storytelling that allowed for the experience of modelling how to deal with emotional pain. In Acholi society, modelling generally occurs through spiritual teachers and/or healers that draw on stories and music as vehicles to transmit oral traditions. In this way, Acholi storytellers are historians and tradition-conveyers (Sheppard, 2004). The researcher's fieldwork journal recorded that whereas empathy was typically expressed through notions of shouldering the

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pain, storytelling appeared to facilitate a sense of solidarity; for example, the researcher was slow to recognise the importance of how the trainees utilised storytelling as a healing tool. This was demonstrated in an archival entry about a previous TREP where an exercise was conducted that required participants to draw a floor plan of their family-of-origin home or village. During debriefing all participants desired to share their drawing with the group. In the Western trainer's opinion, each trainee's story was interminably long (approximately thirty minutes to an hour each) but the trainees exhibited no sense of boredom or duress. The storytelling continued throughout the next two sessions with participants experiencing apparent relief in the storytelling. In fact, in the discussion they expressed how the storytelling gave them a sense of solidarity and offered a cultural way to handle and express emotional pain.

Therefore, traditional ways of healing in Uganda appear to include storytelling. Importantly, storytelling is an effective adaptation for a culturally appropriate TREP. As Drozdek (2013) maintains, the storyteller is enabled to adopt the role of teacher in the healing and learning process and mentioned earlier by Esther, stories are "*one way of teaching each other from an early age*." Esther appeared to be saying that restoring traditional storytelling avenues through the vehicle of the TREP is important for future generations. Holocaust survivor, Ellie Weisel (as cited by Katz & Rosen, 2013) suggested that, "not to transmit an experience is to betray it" (p. 147). Hence, stories hold the possibility of transferring the resilience and wisdom that has been acquired during the war to future generations.

Significantly, storytelling is ritually exercised by collective societies to reintegrate traumatised individuals, families and groups into internal and external stability (Saul, 2014). Therefore, it appears to be important to allow the Acholi to connect with their storytelling traditions that have previously assisted them to manage adversity and engender healing. Thus, the use of storytelling was important for the Acholi in contrast to the Western probing technique used in counselling.

The therapeutic tools of counselling are adapted by trainees to facilitate Acholi storytelling.

The adaptation of probing to storytelling occurred through using the therapeutic tools of counselling. Adaptions included parables and proverbs that were used by the Acholi trainees in the TREP; for example, during the debriefing of *The Tree of Life* therapeutic tool, several of the trainees told parables to express their suffering. David

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offered an example in his interview (also confirmed in a participant document) that described a familiar Acholi proverb: *Te Okono obur bong' luputu*, meaning, "the pumpkin, in the old homestead must not be uprooted" (p'Bitek, 1972, p. 41). p'Bitek used this metaphor in his poem, *Song of Laweno* to illustrate how abandoning the past and traditional values could diminish cultural identity. As agriculturalists, the Acholi were familiar with pumpkins. They cultivated the land (known locally as "digging"). Additionally, the garden called *poto* was significant for their identity and economy. It was mentioned earlier how David stated:

"You are redundant if you don't give assistance in digging, in planning for the family, being creative or innovative."

The physicality of garden work was linked to the Acholi ethnic identity embodied in the land through hard, physical work. Thus, the everyday interaction of gardening was a collectively agreed upon norm in Acholi society exemplifying the shared values of functionality, hard work and providing for the family.

Trauma interrupted these shared cultural values, for not only was the pumpkin familiar to the Acholi, it spoke of the painful trauma of uprootedness in war. "Pumpkins are a luxury food. They grow wild throughout Acholiland. To uproot pumpkins, even when moving to a new homestead, is simple wanton destruction" (Heron, as cited by p'Bitek, 1972, p.7). The idea of pumpkin roots bore similarity to *The Tree of Life* metaphor and the trainees' cultural artefacts that used everyday nature symbols to represent internal parts of their life story. The fruit and seeds in the tree metaphor led to validation of suffering and a new vision of healing and fruitfulness.

Teasing local parables and proverbs apart exposed the importance of articulating the unique stories and truths embedded in Acholi culture. These constituted a cultural means of mutual identification and trauma support. This is consistent with the literature review that identified storytelling as complimentary to bearing witness involving, "this *call and response* interaction between the storyteller and the witnesses that actually *makes* the story and gives it meaning" (Akinyela, 2002, p. 37). Hence, beneath local parables and proverbs were layers representing deeper critical issues. Incorporating them into the TREP may be an effective means to stimulate collective storytelling instead of the individualistic technique of probing.

The therapeutic tools of counselling are adapted by trainees to facilitate Tamil self-disclosure.

Although the Tamils shared their trauma stories in the TREP, a similar adaptation by the Acholi was not observed. In the interview process the Tamil trainees communicated that the Western concept of self-disclosure was a useful component in their healing during the TREP. Udari articulated the majority of responses in the following quote:

"Because of the war experience we have gone through there is a lot of paining inside us but we didn't know how to put that into words. But this particular training methodology helped us to put our paining through words."

The Tamils tended to adopt the therapeutic tools of counselling to facilitate selfdisclosure in the TREP using picture cards and drawing.

Picture cards, especially *Photolanguage* (Cooney & Burton, 1986) that were used as therapeutic tools in the TREP were found to be useful to facilitate self-disclosure. The trainees implemented them in similar ways to their Western colleagues. This is demonstrated in the following quotes:

"I think while we are training and talking we give examples and that helps them to understand what's going on for them. For example, when we used the picture cards, I remember one person took a card and then when he saw the card, it was a tunnel and a light outside. It suggests when you saw that... it's like a hope. But it is a big story for him; he started just using one card and he started to talk and I think he talked more; he spoke I think for more than 45min to an hour and he cried and he wept, but for a man to cry in front of others, it's not that easy and then, as a result, I think he was able to share his own grief and the loneliness." (Ishan)

"In our culture people are very reluctant to open themselves, they're very shy. But the picture cards are a very important tool. When they saw the pictures it's processing themselves and they can use picture. It's a gateway to talk about their inner feelings and who they are. And they can open themselves and they can talk once they select one or a few cards. I think I would say that the tool of picture cards is really very culturally significant as it helped to them to open." (Lahiru)

These quotes reflected how the picture cards enriched trainee self-disclosure as they constructed meaning from their trauma and re-storied their lives. Even though the *Photolanguage* (Cooney & Burton, 1986) cards depict Western people and their culture this did not appear to hinder their usefulness. In the TREP, picture cards were a powerful resource to facilitate self-disclosure concerning present realities. Thus, the trainees adopted picture cards to facilitate self-disclosure in similar ways to the West.

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Drawings were found to be useful in facilitating self-disclosure in the TREP. Drawings were adopted in similar ways to their Western colleagues; for example, Senuri, a female participant was asked, "What would you take from the TREP to use to help other people." In the following quote Senuri's reply demonstrated the power of drawing to heal for both her and in helping others:

"I'm trying to use some creative things to communicate with the parents especially. I thought to bring the teachers and parents and have a time with them, and use the river drawing that instils hope and then the tree. Then I can help them to understand their own strength and past experience and hopes. And I'm trying to do those types of things to help them to overcome from the distress."

Senuri was asked, "Is there was any one particular activity that sticks out for you and says, ah...that one?" She replied, *"The tree." The Tree of Life* drawing was a powerful tool in facilitating self-disclosure. Additionally, Ishan summarised the benefits of drawing in the following quote:

"I remember you asked them to draw their distress or their trauma, and one person drew a river and in the middle they drew a big rock. It's coming to my mind, I can visualise it even now. And at the end of the training he took that rock part out of the picture and he said the water is now flowing smoothly. These type of things really help them."

Photograph 7 depicts this drawing. Thus, drawing was found to facilitate selfdisclosure for Sri Lankan trainees in similar ways to their Western colleagues.



Photograph 7. Drawing of life as a river.

Storytelling/self-disclosure generates support and empathy for others.

When the trainees adapted the resources used to facilitate storytelling in Uganda and self-disclosure in Sri Lanka, generated empathy, connection and support from others in the TREP. Research increasingly shows that traumatised people from every culture need the comfort and connection of other people (Johnson, 2002; McFarlane, 2007; van der Kolk, McFarlane & Weisaeth, 1996). Johnson (2002) asserts that, "being connected with others enables us to overcome fears and maintain resilience" (p. 8). If those key connections are not safe, "the ongoing relationship distress seems to actively perpetuate the effects of trauma, and the effects of trauma perpetuate the relationship distress" (Johnson, 2005, p. 48). Not talking about traumatic distress would likely cause the traumatised to remain isolated from "the comfort and connection" (p. 118) that they need from others. Thus, the trainees' adaptation of storytelling in Uganda and the adoption of self-disclosure in Sri Lanka were beneficial components of healing in the TREP, as they facilitated empathy, connection and support from others.

Concluding Remarks

This chapter had addressed the third research question:

What cultural adaptations have the trainees made to the TREP and how are they implemented?

The findings showed that the trainees culturally adapted some aspects of the therapeutic approaches and tools of counselling that were learned in the TREP to fit with their cultures. These included learning skills to broaden their counselling toolkit and adopting the tool of Psychoeducation on the effects of trauma, instead of advice giving. Listening and empathy skills were also adopted over advice giving. Particularly in Uganda, the Western counselling skill of probing was adapted to storytelling, while in Sri Lanka, the therapeutic tools of counselling were adapted to facilitate Tamil self-disclosure.

CHAPTER 8

CONCLUSIONS AND RECOMMENDATIONS

"The teacher is no longer merely the one-who-teaches, but one who is himself taught in dialogue with the students, who in turn while being taught also teach. They become jointly responsible for a process in which all grow" (Freire, 1993, p. 67).

Introduction

This study set out to investigate how para-counsellors (the trainees) from the developing countries of Uganda and Sri Lanka, with a collective-based value system, experienced and adapted the TREP that developed within a Western individual-based value system to their respective cultures. The extant literature on this subject, and specifically in the contexts of Uganda and Sri Lanka, is inconclusive about how trauma training is adapted by developing societies that have experienced enduring political violence and civil warfare. This research sought to answer the following questions:

- 1) *How do trainee trauma counsellors in developing countries describe the experience of a* TREP?
- 2) What part does culture play in determining what the trainees deem is useful and what is discarded from the TREP?
- 3) What cultural adaptations have the trainees made to the TREP and how are they implemented?

The findings elicited by the first two research questions help to inform and interpret the findings in relation to the third question. This chapter presents the key findings, conclusions, implications, recommendations and limitations of this study.

The following sections examine the study's original contribution to knowledge by synthesising the key findings to answer the research questions.

Key Findings and Implications of Research Question 1

Research question 1 asked: *How do trainee trauma counsellors in developing countries describe the experience of the* TREP? Overall, the therapeutic counselling tools were reported by the majority of the trainees to be culturally transferrable and effective for the first stage of trauma counselling that involves establishing emotional safety. The tools were reported to assist the trainees to contain their emotional

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distress, to manage their flashbacks and to deal with their dreams and nightmares. The majority of the trainees' reported an improvement in their counselling knowledge and skills through their involvement in the TREP's application of the different therapeutic counselling tools. The tools helped them to achieve: 1) skills in naming, normalising and managing their own trauma symptoms, before transferring those skills to others; 2) the acquisition of a toolkit of counselling skills to counsel others; 3) a capacity for greater self-disclosure; 4) skills to build stronger relationships; and, 5) increased optimism and hope for healing themselves and those in their communities. In some instances, the trainees' limited education and literacy diminished the effectiveness of the therapeutic counselling tool of Psychoeducation. Thus, attention needs to be paid to aligning the content and presentation with each unique cohort of trainees.

Key Findings and Implications of Research Question 2

Research question 2 asked: *What part does culture play in determining what the trainees deem is useful and what is discarded from the TREP?* The trainees' physical and behavioural indicators of trauma were similar to Western trauma symptoms and, therefore, appeared to be universal physical and behavioural expressions of trauma that will be found in any culture. Examples are suicidal ideation, grief, acute flashbacks, nightmares and stomachaches. The counselling tool of Psychoeducation taught in the TREP helped the trainees to normalise and connect their universal physical and behavioural symptoms to their trauma experiences.

Nevertheless, the cultural artefacts collected from both collective cultures of Uganda and Sri Lanka, combined with participant reflective journals, researcher observations and archival documents, demonstrated that the cultural expressions and attributed meanings of trauma and recovery were socially constructed and differed from those taught in the Western TREP and played a part in determining the usefulness of the TREP to the trainees. The study showed that cultural modes of coping and recovery from trauma varied across the cultures, for example, there were cross-cultural variations in what comprised daily trauma stressors (Fernando, 2004a; 2004b). However, the trainees in each case study reported that their daily stressors depended on the organisation of the societal roles in their particular collective, social arrangement. Uganda held a strong social dynamic of kinship/clan (Katabarwa, Richards & Ndyomugyenyi, 2000), whereas the collective organisational structure in Sri Lanka typically involved the extended family. In both case studies, the trainees'

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trauma symptoms were found to interfere with their execution of socially assigned roles within the clan/extended family. This failure to perform appeared to represent a greater trauma than the external events of war, as it disrupted social harmony. In her earlier research, Fernando (2004a; 2004b) found that in Sri Lanka, daily stressors reflected how meaning and identity occurred through the ability to perform socially imposed roles that functioned to preserve social harmony. Further, Miller, Fernando and Berger (2009) claimed that in Sri Lanka, witnessing relational conflict constituted a greater stressor than individual and cognitive factors that are inherent in Western trauma models. Thus, culture played a part in how the trainees viewed trauma and recovery. Notably, a commitment to the collective "often leads to the sacrifice, subordination, or denial of personal needs, goals, and aspirations as well as to the postponement of personal work plans or agendas, and give precedence to those of the broader collective or transform their personal needs and goals accordingly" (Haj-Yahia & Sadan, 2008, cited by Muhammad, 2011, p. 224).

This contrasted with the individualistic values incorporated into the TREP that promoted empowering the individual as an autonomous decision-maker. According to Drozdek (2013), most Western models of trauma consider that trauma causes intrapsychic pathology. The responsibility for managing traumatic stress lies with the individual and individuals need to develop skills in changing their cognitions and learning more effective coping skills. The Western deficit medical model that underpins the TREP, appears to be at odds with the collective-based patterns that were found in this study (Kim, Yang & Hwang, 2006). Collective suffering is shaped by explicit and implicitly learned patterns defined by culture (Helman, 2004, as cited by Wilson & Drozdek, 2004; Kleinman and Kleinman, 1997). Bernal, Jiménez-Chafey and Domenech-Rodríguez (2009) argue that cultural variables are often ignored in the implementation of Western trauma interventions. The reason is that the Western deficit model of disease attempts to fit collective meanings and expressions of trauma into designated medical categories (Kim, Yang & Hwang, 2006), that appear to be inconsistent with collective societies.

One of these designated medical categories is the Western construct of PTSD that is included in the Psychoeducation tool taught in the TREP. In light of the aforementioned trainees' daily stressors, the findings in both case studies support the cultural limitations of present knowledge in terms of the ethno-cultural relevance of

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PTSD (Foa, Keane & Friedman, 2000) to the trainees. The researcher agrees with Hinton and Lewis-Fernandez (2010) that there are still "areas of substantial crosscultural variation. The expression of PTSD is by no means identical across the globe" (p. 14). Assessing the traumatised for culturally related syndromes "may also be needed to better attain content validity when PTSD is evaluated cross-culturally" (Hinton & Lewis-Fernandez, 2010, p. 14). More research is needed in this area.

Kendler (et al., 2011) also mounted a strong argument for humility regarding "our current stage of ignorance about the nature and causes of psychiatric illness" (p. 1149). Kendler (et al., 2011) strongly argue that neither the concept of PTSD, or its associated treatment, is applicable in non-Western cultures. However, contemporary Uganda and Sri Lanka are both complex cultures that are increasingly exposed to many different contemporary worldviews. Their beliefs and modes of healing are in a continual process of change. Therefore, the Western TREP educator requires a high level of flexibility to carefully select therapeutic approaches and tools of counselling to suit the changing beliefs, needs and preferences of the collective cultures where the training is conducted. A culturally sensitive and responsive TREP recognises that the values and needs of complex post-war emergencies in collective societies contain a focus on family and community recovery that is consistent with the group ethos. Hence, the TREP would benefit from contextual role plays and exercises that address the daily stressors caused by trauma symptoms and the possible restoration of their assigned gender/clan/extended family/community roles that function to preserve social harmony within their communities.

The therapeutic counselling tool of Psychoeducation in the TREP helped the clergy and other trainees in the Ugandan TREP, to identify and understand their trauma symptoms as the outcome of their trauma, rather than being attributed to their previous cultural explanations for trauma, illness and adversity. Previous understandings of trauma symptoms construed them, not as a disorder, but as attacks or possession by bad spirits that required ritual cleansing. This understanding and religious worldview appeared to constitute a culture bound syndrome that was readily accepted by Acholi society. This was contrary to the Western biomedical model of trauma contained in the TREP. The therapeutic tool of Psychoeducation helped the trainees to better identify, name and understand their symptoms, as originating from trauma.

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Another part that culture played in determining the usefulness of the TREP in both case studies, was male dominance/status, that was shown to negatively affect the male trainees' support for the female trainees' participation and capacity and/or willingness to self-disclose in the TREP. The therapeutic tool of couple dialogue in Sri Lanka helped the trainees to understand the potential importance of self-disclosure in trauma recovery for both genders. However, due to the predominance of male trainees in Uganda, couple dialogue was not employed, therefore, it was not possible to draw similar conclusions on the benefits of this tool in the Ugandan case study. However, the trainees reported that the overrepresentation of male trainees in the Ugandan TREP was possibly due to women possessing little value or status, lacking autonomy and decision-making power and being required to function in prescribed traditional social gender roles. Similar to Sri Lanka, these collective cultural values negatively affected support for women's participation and/or willingness to self-disclose in the TREP.

A further part that culture played in the usefulness of the TREP that contributed to the Ugandan and the Sri Lankan trainees' discomfort with self-disclosure was their fears of lack of confidentiality, safety and trust within the trainee group. One implication is that any TREP conducted in this social context should work on creating a safe, non-judgmental training environment that facilitates the trainees' empathy for others, in ways that decrease their shame and personal hiddenness. The study found that self-disclosure contributed to trauma recovery in both cultures, as the TREP encouraged the trainees' disclosure of trauma stories in order to help them to identify, understand and better manage their physical and emotional trauma symptoms. However, previously held cultural beliefs by the two collective cultures, were that a traumatised person who self-disclosed or displayed their symptoms was perceived as being weak and/or emotionally undisciplined. Nevertheless, the Western notion of self-disclosure was generally adopted by both Ugandan and Sri Lankan trainees and was facilitated through the use of the therapeutic approaches and tools of counselling that were taught in the TREP. It was reported that self-disclosure greatly assisted the trainees to overcome their collective norms of emotional discipline, shame and personal hiddenness that typically preserve social harmony in their cultures.

As Asante (1984) suggests, the ideal of social harmony leads to a sense of identity and belonging. This appears to work well for collective societies in times of peace.

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However, in the aftermath of protracted political violence and civil warfare, this study argues that the need for social harmony engenders non-disclosure. This leads to a sense of isolation that counters the much-needed support of close relationships in trauma recovery. This is consistent with the ideas of Taylor (2002) and Johnson (2004), who contend that this support from others is necessary in trauma recovery. Moreover, Herman (1997) theorises that:

The ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud... Atrocities, however, refuse to be buried. Equally as powerful as the desire to deny atrocities is the conviction that denial does not work. Folk wisdom is filled with ghosts who refuse to rest in their graves until their stories are told (p. 1).

The trainees maintained that culturally, the shame of exposure served to regulate any emotional displays of trauma distress. Consistent with the assertions of Budden (2009) is that the meanings of traumatic shame are expressed in how the collective experiences, manages and communicates their shame. The trainees described how the potential for shame tended to result in the absence of the giving and receiving of nurturing support that Johnson (2004) deems is necessary for trauma recovery. Other cultural constraints included lack of confidentiality, safety and trust that reinforced shame and hiddenness.

Nevertheless, the trainees in both case studies reported that self-disclosure was useful in their trauma recovery when facilitated within the safe, non-judgmental environment of the TREP. Rogers (1959) suggests that it is necessary to create a non-judgemental, accepting space where the people are valued, regardless of their cultural perceptions of status in life. Several compelling studies present how counselling effectiveness relies heavily on the quality of the therapeutic relationship (Lambert, 1992; Hubble, Duncan, & Miller, 2002). Miller, Hubble and Duncan (2008) note that, "Who provides the treatment is a much more important determinant of success than what treatment is provided" (p. 15). Asnaani and Hofmann (2012) and Bland and Kraft (1999) support this idea and claim that the centrality of the therapeutic alliance in positive therapeutic outcomes crosses cultures. Lambert and Dean (2001) also assert that it is more important even than the approaches and counselling approaches and tools used in any trauma intervention. Therefore, it was found that the creation of

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a safe training environment in the TREP helped the trainees to risk self-disclosure and to learn to provide that safety to others in their communities. Many trainees reported that experiencing the Western TREP, where vulnerability and self-disclosure were encouraged, led them to break their silence regarding their traumatic experiences and facilitated them experiencing relief and healing.

Furthermore, self-disclosing traumatic shame enabled the trainees to cognitively process their trauma and receive support (Lepore et al., 2004). Schiraldi (2000) declares that "wholesome experience and expression of feelings is necessary for mental health, peak performance, and relationships that go deeper than mere superficiality" (p. 93). The vulnerability of self-disclosure can cure shame and allow a person to move from personal hiddenness to closer personal and interpersonal relationships (Brown, 2012). Moreover, Brown (2007) maintains that even though "Shame is an unspoken epidemic, the secret behind many forms of broken behaviour [sic]" (p. 276), "Empathy is the antidote to shame... If we're going to find our way back to each other, vulnerability is going to be that path" (2012, p. 110). Significantly, "Confiding in others has a positive effect on the cardiovascular system" (Uchino, Cacioppo & Kiecolt-Glaser, 1996, cited by Johnson, 2004, p. 3). The benefits to the trainees of learning empathy in the context of the TREP, cannot be underestimated, as van Dernoot and Burke (2009) declare:

It's not about what we do, what we say, or how we touch - it's about being present in a way that tells those who are suffering that they are not and never will be alone. Because we are all inherently connected, the witnesses will share some of the burden of what the mourners are experiencing- even if they do no other thing (p. 215).

Thus, the trainees' vulnerability and emotional disclosure in the TREP was generally found to result in their personal growth, assist them in symptom reduction and decrease their distress (Lepore et al., 2004; Pennebaker, Zech, & Rim, 2001; Taku, Cann, Tedeschi & Calhoun, 2009).

Key Findings and Implications of Research Question 3

Research question 3 asked: *What cultural adaptations have the trainees made to the TREP and how are they implemented?* In Uganda, the adoption and implementation of the Western therapeutic tools of counselling learned by the trainees in the TREP, extended the clergy's responses to trauma counselling beyond their use

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of prayer and advice giving. Prior to the TREP, the trainees in both case studies perceived that advice giving was an effective cultural counselling strategy. Instead, the TREP gave them a range of therapeutic counselling tools that facilitated their understanding and management of their trauma and how to more effectively explore problems when counselling the traumatised. In both cultures, the majority of the trainees de-emphasised traditional advice-giving in favour of their newly acquired counselling skills of listening and empathy that they had learned in the TREP.

The counselling tool of Psychoeducation on the effects of trauma was adopted in place of advice giving, but needs to be altered to contain less complexity; for example, for the less educated and literate trainees.

In addition, the Ugandan trainees adapted the Western therapeutic grounding and emotional containment tools to their culture, for example, the relaxation exercises that activate the para-sympathetic nervous system (the body's calming resources) were adapted to be implemented through collective play activities that take place outdoors.

Moreover, Acholi trainees adapted the therapeutic tools to reflect cultural understandings; for example, the Western counselling skill of probing was deemphasised in favour of the traditional African practice of storytelling. Adapting probing by incorporating traditional Ugandan parables and proverbs into the TREP was seen as an effective means to stimulate collective storytelling. This facilitated greater empathy, connection and support from others for those who were experiencing trauma symptoms. Storytelling formed an important part of the interaction and communication process during the TREP and this may play an important role in restoring storytelling for the trainees that may transfer to future generations. Also, storytelling provided a safe, culturally appropriate tool for self-disclosure. This is consistent with the ideas of Saul (2014), who claims that the tradition of storytelling is an important cultural medium to self-disclose pain as opposed to the Western means of dialogue. Self-disclosure was beneficial for the trainees' healing, as it was reported to facilitate empathy, connection and support from others.

In Sri Lanka, self-disclosure was adopted and implemented in similar ways to their Western colleagues. In comparison to the Ugandan trainees' shame in relation to self-disclosure, the Sri Lankans saw the benefits of self-disclosure in facilitating greater empathy, connection and support from others.

Transferability of the Specific Therapeutic Approaches and Tools Psychoeducation.

The Ugandan trainees reported that Psychoeducation was useful in helping them to name, understand and treat trauma. This is consistent with the APA's (2013) imperative in the literature review that clients should be informed of "the meaning of specific symptoms and what is known about the causes, effects, and implications of the problem" (APS, 2010). The effects of trauma are identified through the display of universal physical symptoms that are similar to the Western trauma symptoms described in the TREP, on how trauma affects the brain. Nevertheless, the TREP's presentation of Psychoeducation needed to be adapted to be more accessible to the very diverse educational and literacy levels of the trainees. It was found that the explanations must be brief, concrete and contextual; for example the Ugandan trainees adapted the Psychoeducation information to their culture, by including outdoors games and activities to demonstrate how to activate the para-sympathetic nervous system. This is consistent with assertions by Briere and Scott (2006), that trauma survivors are often so overwhelmed that they may have "reduced the accuracy and coherence of the survivor's understanding of these traumatic events" (p. 125). Adapting the Psychoeducation component in the TREP would make it more effective for the trainees to understand their own and others' trauma symptoms and would facilitate their bodily awareness of the need to apply emotional containment skills.

Moreover, the therapeutic counselling tool of Psychoeducation tended to change the way Acholi trainees understood trauma and thereby treat the traumatised. The TREP tools supplemented the Ugandan clergy trainees' previous singular tool of prayer in treating trauma and challenged their previously held cultural knowledge, understandings and explanations of illness, adversity and trauma recovery. The Ugandan clergy trainees' traditional understandings, beliefs and practices surrounding ATR/witchcraft, exerted a powerful influence on their social construction of trauma as originating from supernatural and non-specific causes. Trauma, illness and adversity tended to be interpreted as demonic attacks or possession by bad spirits that require ceremonial cleansing, as opposed to being understood as trauma symptoms. As Ekeke (2011) states, social behaviour and moral order is guided through ancestral spirits. Contrary to the Western biomedical model of infirmity contained in the TREP, this religious worldview is readily accepted by Acholi society.

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Ugandan clergy emit status, resulting in their being regarded as experts in trauma recovery. The general feelings expressed by the respondents concur with the assertions of Hofstede (2011), that large power distance cultures prefer a large status differential (Hofstede 2011). Nevertheless, these social and cultural constructions of trauma were de-emphasised by the clergy trainees, as they learnt the neurobiological effects of trauma, using the Western therapeutic tool of Psychoeducation. Notably, In the Sri Lankan TREP, Psychoeducation also changed the trainees' perceptions of the causes of trauma, to reflect similar understandings of the neurobiological effects of trauma to their Western counterparts (Somasundaram & Sivayokan, 2013; van der Veer, 1998). Thus, Psychoeducation constitutes an effective type of therapy that provides specific educational information to individuals, families or groups to augment and enhance their trauma recovery (APS, 2010). Thus, brief and contextual explanations of Psychoeducation form an important part of the TREP, as both the Ugandan and Sri Lankan trainees are often uninformed about "the meaning of specific symptoms and what is known about the causes, effects, and implications of the problem" (APS, 2010).

Trauma-focused Cognitive Behavioural Therapy (TF-CBT).

The majority of the trainees perceived that the TF-CBT counselling tools helped them to better manage their own trauma symptoms and to transfer their learned skills to others in their communities. The TF-CBT counselling tools of 4 Square Breathing, Subjective Units of Distress Scale (SUDS) (Wolpe, 1969), Containment and Grounding Tools, Flashbacks and Dreams and Nightmares employed in the TREP appeared to be easily accessible and simple enough for the trainees to use when they encounter trauma symptoms in themselves and others. These finding are in contrast to Henton, Safren, Pollack and Tran (2006) and Cohen, Mannarino and Deblinger (2012), who both recommend cultural modifications to TF-CBT. The implications for the choice of TF-CBT tools are that they are easily explained and they involve the trainees in learning explicit transferrable skills in how to establish emotional containment that fosters greater stability in their day-today living (Herman, 1992; 1997).

Emotionally Focused Therapy (EFT).

The EFT tool of couple dialogue, that applied the principles of EFT, was employed only in the Sri Lankan TREP. The adaptability and effectiveness of the counselling

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tool, concurs with the views of Taylor (2002), that the "nurturant solace", offered by supportive close relationships, increases resiliency (p. 85). The couple dialogue utilised in the TREP, modelled for the trainees how to disclose one's vulnerability and the expression of one's emotional needs to a significant other. Couple dialogue appeared to facilitate the trainees' openness and willingness to self-disclosure and increase their optimism and hope that their resilience and healing can occur from building stronger couple relationships.

Couple dialogue in Sri Lanka also fostered the raising of women's status in gender relations by giving them a voice, both in the TREP and in their relationships. Nevertheless, due to the high degree of structural inequality and established male power and privilege in Uganda (Mirembe & Davies, 2001) and Sri Lanka, couple dialogue must be used with caution. McCloskey, Williams and Larsen (2005) argue that in developing countries, men's hegemony over women tends to sanction violence as essential to family and community order and stability.

Additionally, there needs to be a reasonable level of trust between married couples (Lawson, 2013) attending the TREP, because cultural attitudes toward domestic violence "influence its prevalence and impact, and shape community responses and victims' help-seeking behaviour" (Meyering, 2011, cited by Parliament of Australia, 2011, p. 8). Cultural attitudes to violence may be exacerbated by traumatic stress. Taft (et al., 2009) indicates that male perpetrators of domestic violence appear to have experienced significantly higher exposure to traumatic events than the general population. Evidence from a Sri Lankan study supports the assumption of the transmission of war-affected violence to the domestic sphere (Catani, Schauer & Neuner, 2008) and this is consistent with other studies (Catani et al., 2009; Clark et al., 2010; Haj-Yahia, 2002).

Even though the majority of the Sri Lankan trainees affirmed the benefits of couple dialogue in the TREP, more research is needed into how it is utilised by traumatised couples in their long-term recovery. In the meantime, TREP educators must proceed to use the tool of couple dialogue with care.

Positive Psychological Therapeutic Approaches (PP).

Using a Strengths-based approach, the PP counselling tools used in the TREP, appear to help the trainees' to identify and draw on their strengths. This concurs with the research of Scheel, Davis and Henderson (2013), who found that utilising client

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strengths in counselling produced promising results in increasing client wellbeing, hope and meaning. Picture cards and drawings were found to be a powerful resource in the two collective communities, to help the trainees' to identify their strengths and to facilitate self-disclosure concerning their present realities. The trainees described the PP tools as a gateway to help them to verbally express their inner feelings and reveal previously undisclosed parts of themselves. The tools tended to be effective in triggering their exploration of their personal strengths, issues and trauma stories. Thus, the PP therapeutic tools of counselling are not culture bound and, therefore, have strong cross-cultural relevance for the TREP, the traumatised trainees and their collective communities.

Narrative Therapy (NT).

The NT tools of counselling appeared to be transferrable and effective for the trainees in the TREP. This is consistent with the claims of Denborough (2008), who suggests that *The Tree of Life* counselling tool is effective cross-culturally, as it was primarily designed for vulnerable children in collective cultures. This study also supports its use for traumatised adults. The Tree of Life appeared to be an important tool in the TREP, because it assisted the trainees to explore their values and beliefs that underpinned their experiences of trauma and the implications of the trauma for their lives and relationships (White, 2011). Not only does this tool use the culturally appropriate symbol of a tree, it facilitated the trainees' understanding of their past, present and a possible future by allowing an alternative story of hope to emerge from their dominant story (White & Epston, 1990). One participant spoke for many, when she perceived the tool as being "the climax" of the TREP, because for the first time she "understood her inner thoughts and feelings." The Tree of Life counselling tool is also reported to provide a culturally appropriate and effective method of selfreflection; for example, it enabled the trainees to reflect on their past, present and future, regardless of their age, gender or educational level. Thus, The Tree of Life is a safe and effective counselling tool to include in the TREP in collective contexts.

Limitations

All research has limitations. In this study the limitations are:

 There was a limitation surrounding the interviewing process in that interview locations presented challenges for the interviewers. Even though interviewers did their best to find private interview spaces, the continual interruptions from other people, lack of privacy and noise (from monkeys and traffic) may have contributed to some brief participant responses that were sometimes given to open-ended interview questions.

- 2) The severity of participants' traumatic symptoms made it difficult at times for the interviewees to concentrate (Brandes, Ben-Schachar, Gilboa, Bonne, Freedman & Shaley, 2002) and this could explain why some questions were ignored or seemingly not heard by the interviewees.
- 3) As much as possible, the researcher prepared for language difficulties in the Sri Lankan case and recognised the need for good interpreters. In reality, the researcher was limited by language skills to explore the trainees' ideas with the necessary depth that was required. Many ideas may have lost due to this lack.
- 4) The researcher was unable to member check with many of the trainees for verification, as most lived in remote locations without access to technology. As such, Tamil interviewees could not be followed up because of language limitations. This meant that ideas could not be expanded in follow-up interviews with the trainees. However, the researcher made up for this lack of member checking by triangulating the findings with multiple sources, such as observations, cultural artefacts, archival documents and interviews with other informants and experienced counsellors.

Thus, the implications of the findings concern the cultural transferability and adaptability of the TREP, with emphasis on the selected therapeutic counselling approaches and tools. Overall, the Western therapeutic counselling tools, designed for the first stage of trauma recovery, were found to assist the trainees to attain some level of balance in their day-to-day psychological functioning. The trainees generally reported improvement in their own counselling knowledge and skills that they saw as necessary for them to effectively help themselves and then to counsel others. They gained a toolkit of counselling skills for counselling others. Thus, the therapeutic tools of counselling were reported to increase the trainees' optimism and hope for the future in their capacity to better manage their trauma symptoms and help others in their communities.

Recommendations

There are several recommendations for changes to the TREP and future research. These are:

- The TREP would benefit from the broadening of the sampling of cultures in regards to the inclusion of non-Western based counselling theories and interventions; for example, educators using the TREP would benefit from the inclusion of material and discussion regarding the nature of collective societal understandings of trauma and possible modes of recovery.
- 2) More research is needed in several areas that could produce rich training material for future TREPs. Firstly, despite severe trauma, many community members were creatively coping. More research is needed into what constitutes resilience for traumatised people in collectivist societies where the individual interest comes second to the collective interest. Culturally specific definitions of wellbeing, distress, and healing need addressing.
- 3) More research is needed into collective modes of cultural and spiritual grief rituals and ceremonies and their influence on trauma recovery, particularly in Uganda where African Tribal Religion holds enormous influence. This would enable future TREP's to be more inclusive of local modes of healing.
- Longitudinal research is needed to identify issues of adaptation and trajectories of risk and resilience in post-war traumatised collective communities.
- 5) Future TREP's would benefit from examining the differences in the adaptation of counselling techniques with the variations of what is described as a "collective society". There are differences between Sri Lanka and Uganda in the emphasis on the "collectivism" scale. More research is needed into the impact of these differences on how people helpers adapt Western-based counselling techniques in dealing with trauma.

Concluding Remarks

This research was designed to better understand how para-counsellors in the postwar collective societies of Uganda and Sri Lanka understand, cope and adapt Western counselling skills and strategies that are designed within a different cultural framework to their own. The insights and understandings obtained from this research emerged from investigating the following three areas: 1) the trainees' experience of

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the TREP; 2) the part that culture played in determining what trainees deemed useful and what was discarded from the TREP; and, 3) the cultural adaptations that trainees made to the TREP and how they were implemented.

Surviving trauma and even thriving required training para-counsellors in the TREP to first assist them and then to help others in their communities to heal. Unhealed trauma can stunt the evolution of cultures. Experiences of political violence and civil warfare change "the way we view the world, ourselves, and our place in the world. The events surrounding traumatic stress become strongly engraved in memory" (Bremner, 2005, p. 141). If those that have experienced enduring political violence and civil warfare do not pay attention to "the state or situation of one's own group" (Burns, 1998, p. 69) unhealed trauma may lead to the formation of a subsequent collective, adverse worldview that could affect generations to follow. If the effects of trauma are not abated, the long-term health and evolution of these societies will remain untransformed and un-evolved.

Training para-counsellors in the TREP that have experienced enduring political violence and civil warfare is vital in healing these societies. Though underpinned by Western individual-based values, the findings can support the important role that the TREP offers in training para-counsellors from collective-based cultures to heal their own and others' traumatic stress. The findings also largely support the cultural transferability of the TREP to collective-based cultures that have adapted some of the therapeutic approaches and tools of counselling to suit their cultures. Optimal trauma training must be adaptable to local contexts, so that para-counsellors can learn "best practice" to help themselves and others in their communities to become functional, productive citizens. Thus, the knowledge and insights gained from this study will likely inform the design of a responsive, optimal TREP for use in Uganda and Sri Lanka, as well as in other collective contexts in the future.

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Appendix A

3-DAY TRAUMA RECOVERY EDUCATION PROGRAM

DAY 1	MORNING	DAY 1	AFTERNOON
9.00am	SESSION 1 Introduction and Overview	2.30pm	SESSION 3 Activity (pairs): Me At My Best
9.00am	Introduction and Overview Introductions: Why am I here? What do I need?	2.50pm	Debrief in large group
	Activity (small groups): Hopes and Fears		Debher in large group
	Debrief: Write on board	4.00pm	Psychoeducation: The Three Brains: Understanding How the Brain
10.15am	Skill Teaching/Demonstration: Principles of Emotional	4.00pm	Deals with Trauma
10.134	Containment and Grounding Exercises		Debrief in pairs/ Debrief in large group
	Activity (Pairs): Skills Practice Emotional Containment/Grounding		beorier in puils, beorier in unge group
	Exercises.		
	Debrief in pairs/ Debrief in large group		
	SESSION 2		
11.00am	Psychoeducation: Common Responses to Trauma		
11.30am	Closing Activity: Photolanguage Cards		
	Debrief in pairs/ Debrief in large group		
DAY 2	MORNING	DAY 2	AFTERNOON
	SESSION 4		SESSION 4 (cont.)
9.00am	Activity (individual): The Tree of Life Exercise	2.30pm	Activity (individual): The Tree of Life Exercise
		4.00pm	Debrief in pairs/ Debrief in large group
DAY 3	MORNING	DAY 3	AFTERNOON
	SESSION 5		SESSION 6
9.00am	Skill Teaching/Demonstration: Dealing with Flashbacks, Bad	2.30pm	Psychoeducation: Triggers (or optional session: Couples & Trauma)
	Dreams/Nightmares	3.00pm	Activity (small groups): Discussion of Triggers
	Activity (pairs): Skills Practice for Dealing with Flashbacks, Bad		Debrief in pairs/ Debrief in large group
	Dreams/Nightmares		
	Debrief in large group	4.00pm	Activity (large group): Celebrate Your Survival
12.30pm	Closing Activity (pairs): 3 Good Things in my Day	4.15pm	Closing Activity (pairs): Photolanguage Cards
	Debrief in pairs/ Debrief in large group		Debrief in pairs/ Debrief in large group

A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA 271 COUNSELLORS IN DEVELOPING COUNTRIES

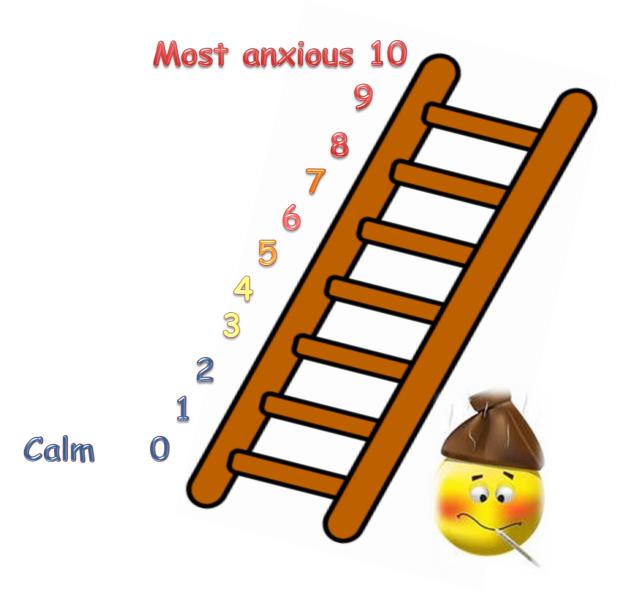
Appendix B

Tools That Apply the Principles of TF-CBT

Subjective Units of Distress Scale (SUDS Scale)

(Williams & Poijula, 2002)

Ideally, when discussing emotionally charged events or issues in this workshop, your score should never go above 6 or 7.



Appendix B (Cont.)

Containment and Grounding Exercises

(Adapted from the exercises in Rothschild (2010) and Schiraldi (2000).

It is important to regularly stop throughout the training and workshops and listen to your body to determine your level of distress. You can also use these exercises at home after the training to reduce distressing bodily arousal. Use the SUDS Scale, as a method of evaluating how much distress your body is experiencing. If you notice that your body distress is increasing beyond slight arousal levels and your SUDS Scale score is high, you need to stop what you are doing (for example, thinking about or sharing your trauma story) and implement some containment skills (containment literally means the action of keeping something harmful under control or within limits). When you are distressed (above 6 on the SUDS Scale) it is important to focus on your breathing and slow it down using the following deep breathing exercise:

a. Deep Breathing Exercise

Place one hand on your stomach.

Inhale slowly and deeply for the count of 4 seconds. Feel your stomach expand under your hand. Pause briefly for the count of 4 seconds, then breathe out slowly for the count of 4 seconds. As you breathe out allow your body to go limp and floppy.

Repeat the breathing exercise in a regular pattern for 5 minutes.

After 5 minutes, notice where you are on the SUDS Scale (you should be 5 or below. If you are still above 6, try another containment exercise).

You can also use one or both of the following exercises during and after the training when you become distressed in your daily life. Choose the one that works for you.

a. Grounding Exercises

a) Bring your awareness solidly back to the present by naming and describing out loud 5 tangible, concrete things you can see, hear, or feel. For example:

I See –

1) I see the wall; 2) I see a tree; 3) I see a child; 4) I see a chair; 5) I see my hand; etc.

I Hear –

I hear the wind in trees; 2) I hear people talking or laughing outside;
 I hear the clock; 4) I hear birdsong; 5) I hear a door close; etc.

I Feel –

I feel the temperature (hot or cold); 2) I feel the texture of my clothing; 3) I feel the chair on body; 4) I feel my feet inside my shoes;
 I feel my clothing against my skin; etc.

- b) Choose an object and describe it in detail. For example, I am choosing this plastic drink bottle and it feels cold to touch; it feels hard and shiny; it has ridges around the bottom half, etc.
- c) Make fists with your hands. Gently open your fist and squeeze it tightly closed again several times to slowly increase pressure in your muscles.

Flashbacks

(Adapted from the exercises in Rothschild (2010).

To deal effectively with a flashback it must be accurately categorised. In reality, a flashback is not a repetition or replay of a past event or situation, it is a <u>memory</u> of that event or situation. Flashbacks are able to imitate the real trauma because they provoke a similar level of stress in the body. The same hormones that were coursing through your body preparing it to react at the time of the trauma, are the same ones in a flashback, overwhelming the part of the brain that is important for memory.

Consequently, the memory fails to have an accurate time frame in that the beginning, middle, and end have not been accurately logged into the past. Therefore, the brain and the body will continue to perceive the trauma as ongoing or repeating. This is the core of PTSD: the mind and body continue to respond as though the event persists or recurs on a regular basis.

a) Notice your language when you speak of the trauma. You tend to speak of it in present tense. It is usual to talk about flashbacks as if they are happening in the present, as if they are happening now. This is not really honest even though it feels like it is happening now. You say to yourself things like:

"It's happening again."

"I just heard the explosion."

"He (the attacker) is here in the room."

"Why does this keep happening again and again?"

It is necessary for you to correct your language to accurately reflect the fact that the trauma is now in the past. You are encouraged to speak of the *memory* in the past tense. Often this will have a huge impact. It may seem a minor alteration, but it makes a huge difference. Change:

"It's happening again." to "I am having a flashback."

"I hear the explosion." to "When the explosion went off back then, I heard it."

"He's grabbing me." to "I was attacked."

b) When you experience a flashback, remind yourself that it is a memory - the trauma is not happening now. If you cannot do this during a flashback, later write down a few different ways to express this idea and carry a card around in a pocket or handbag. It is crucial not to include any details of the trauma as it could intensify a flashback.

Reminders to Help in a Flashback

You can use the following structured procedure during a flashback to stop or reduce its impact, as preparation for a situation you face that might trigger a flashback, and as a morning ritual so it becomes automatic when needed. A friend or family member can be taught to be a coach during a flashback. You could record a sequence on mobile phone.

- 1. Pay attention to naming what you feel in your body, e.g., changes in heart rate, changes in breathing, dizziness, nausea, etc.
- 2. Name what you are feeling, e.g., "I am afraid."
- 3. State clearly that these symptoms are a reaction to a memory, e.g., "I am having these symptoms because I am remembering The Assault."
- 4. Shift your attention to the present and what you can now see, hear and smell. Name at least 3 things you can now can see, hear, or smell
- 5. Say today's date, including the day, month, and year.
- 6. Based on the information in the last 2 steps, evaluate if your current situation is safe or dangerous.
- 7. If it is actually safe in spite of the flashback, tell yourself, "I am having a flashback and I am not in any danger."
- 8. If it is not safe, seek safety.

Example of a reminder:

"I am really scared and my heart is racing and I am shivering cold, because I am remembering the attack when I was 10. At the same time I am looking around my room and I can see the green couch, the television, and my husband's shoes. I can also hear the microwave beeping that the leftovers are warmed. By the calendar I can see that it is 10 years later. So I know that the attack occurred a long time ago and is not happening now (or again)."

Activity:

Write your own reminder using the steps outlined above.

Follow Up & Practice:

How will you practice changing your language and using your reminder when you go home? A plan can help. After Activity 6 there is a table to help you to record your progress in using the above skills to help lessen the negative impact of flashbacks.

Dreams and Nightmares

(Adapted from exercises in Rothschild, B. (2010). 8 keys to safe trauma recovery: take-charge strategies to empower your healing. New York, London: W.W. Norton.)

Dreams and nightmares can reflect your inability to deal with your feelings of sadness and bereavement. Try to share your dreams with a safe person in a safe environment. Attempt to confront a nightmare and change it. Try to see yourself at a specific, intense point in the nightmare doing a simple task, e.g., look at your hands and say, "This is just a dream". Or confront the person chasing you and say, "What are you trying to tell me?" See if you can get a monster to do something else (e.g., sing, smile, etc.). Or create a new ending (e.g., the person is caught). Visualise yourself saying, "I am safe now. I survived." Use drawings- draw your nightmare and then draw another picture with a positive ending. If the dream keeps occurring, practice one of these ideas before sleep as a cue to remind yourself in the dream or nightmare.

Follow Up & Practise:

How will you practice intervening in your dreams and nightmares when you go home?

Appendix C

Tools That Apply the Principles of Positive Psychology

Me at My Best

(Exercise from Yeager, Fisher, & Shearon, 2011).

Choose a partner. Decide who will share first.

You will each have 3-5 minutes to share with your partner. Keep your story to this time frame. Tell your "*me at my best*" story straight through:

- a. a beginning will set the scene,
- b. the middle will expand and add details for the listener and
- c. the end will wrap things up.

Your partner will listen for the strengths you used during your story and tell you what she or he heard.

You will then listen to your partner's story.

Me at my Best - Activity Sheet:

Expressing Strengths

What did you most admire in your partner's story? What strengths were evident?

How did you tell your partner this, if you did?

What surprises were there, if any, in what you learned about your partner?

How did the storyteller feel about having their strengths highlighted?

How did the listener feel about the storyteller?

A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA **278** COUNSELLORS IN DEVELOPING COUNTRIES

Appendix D

Information Letter for Informants

Name of Director Name of Organisation Address of Organisation

12 October 2012

Dear Director,

As you already know, I am a Doctoral student at Australian Catholic University, Sydney, Australia and as part of my studies I am required to conduct a piece of research. I have identified a need for research into the *Trauma Recovery Education Program* that I have taught to various groups in Uganda over many years. The title of the research study is: A *Culturally Responsive Education Program for Counsellors in Post-War Developing Countries*.

I am writing to ask if it would be possible to recruit participants for this study from your contacts. The criteria for selection of participants is attendance at the proposed *Trauma Recovery Education Program* to be arranged by you, for participants to have suffered war-related psychological trauma, and for participants to be currently involved in helping others who are traumatised. If possible, participants are to be selected across genders, ages (from eighteen to eighty) occupations, educational levels, and variations in status (for example, a married person and a single person).

I have prepared a description of the study and what is involved for potential participants in the attached, *Letter to Participants*. If this meets the ethical criteria of your organisation I would appreciate a letter of confirmation. Ideally, I would like to begin data collection in June 2013 but I am very happy to be guided by you on this. I would anticipate that the proposed interviews would be 6 to 8 months apart and would take no more than 60 to 90 minutes (depending on the need for an interpreter. I would need a quiet place after the completion of the education program to conduct the first interview. I will endeavour to keep the disruption to you an absolute minimum.

I hope that you find the attached research study of interest and that you will be interested in working with me on it. Please feel free to contact me if you have any queries. Many thanks for taking the time to read this and I hope to hear from you soon.

Warm regards,

Paula Davis

Appendix E

Information Letter for Participants

TITLE OF THE STUDY: A Culturally Responsive Education Program for Counsellors in Post-War Developing Countries NAME OF SUPERVISORS: Associate Professor Shukri Sanber; Adjunct Professor Toni Noble STUDENT RESEARCHER: Mrs Paula Davis STUDENT'S DEGREE: Doctoral Degree

Dear Participant,

You are invited to take part in research to be conducted by Paula Davis through the Education Department of the Australian Catholic University of Sydney, Australia.

a) Introduction

You are being asked to take part voluntarily in this research study described below. Please take your time making a decision and feel free to discuss it with your family and friends. Before agreeing to take part in this research study, it is important that you read the consent form that describes the study. Please ask the researcher or ______ (Informant) to explain any words or information that you do not clearly understand.

b) Who is undertaking the study?

The study is being conducted by Mrs Paula Davis and will form the basis of doctoral degree at Australian Catholic University under the supervision of Associate Professor, Shukri Sanber, and co-supervision of Adjunct Professor, Toni Noble.

c) What are the risks and discomforts of the study?

The risk, discomfort or difficulties in participating in this research may be the telling or retelling your story. Should you become distressed during any part of the research process independent counsellors will be available to assist you. They are:

•

•

The study may include risks that are unknown at this time. However, Ms Paula Davis, _____ (Informant) and the above independent counsellors will be available to assist in any unforeseen risks or discomforts that may arise.

d) What will I be asked to do?

The purpose of the study is to assess whether the content of the trauma recovery education program you will be attending (organised by Vivian Kityo, from Wakisa) is culturally sensitive and useful to you and others whom you counsel. Therefore, you have been asked to take part in a research study, the purpose of which is to gain a narrative description of:

- 1. A description of what constitutes traumatic stress, hope and recovery in your culture;
- 2. How you experience and apply trauma recovery programs to your healing and recovery; and how you will apply trauma recovery programs to counsel others in their healing and recovery.

Approximately, six people from ______ (research setting) will be taking part in this study. You are being asked to be in the study because you are over the age of 18, have been exposed to long-term civil warfare and are registered as a participant in a trauma recovery program to be facilitated by Mrs Paula Davis.

e) What is involved in the study?

If you agree to take part in this study, your involvement will last about six to eight months. The requirements are:

- 1. You will be asked to keep a reflective diary during the three-day trauma recovery education program detailing your thoughts, feelings, opinions and responses to the material and exercises. This will be collected at the end of the program.
- 2. Before the training program commences you will be asked to select two or more items (no more than three) that symbolise, (1) what traumatic stress means for you; and (2) what hope and recovery means for you (for example, a picture, an object, a drawing, a piece of artwork, something from nature, etcetera. You will be asked to bring the items with you to the trauma recovery program.
- 3. Directly after the trauma recovery program you will be interviewed by an Australian interviewer, asked to tell your reasons for selecting each item and asked how they relate to your experiences of traumatic stress and recovery. You will also be asked which exercises you would find most useful and what exercises you would use in counselling others in your community. The interview is expected to take approximately one hour and will be audio recorded.
- 4. After the completion of the trauma recovery education program you will be asked to keep a record of the exercises you use from program to help yourself in your recovery and the ones you use in counselling others.
- 5. In six to eight months time you will be interviewed again by an Australian interviewer to determine if the information, strategies and skills you learned from the trauma recovery education program were useful in helping you to heal, if they are useful in helping those you counsel in your community, what was not useful and why, and finally, how you adapt trauma recovery concepts and activities within your cultural framework. The second interview is expected to take about one hour and will also be recorded, transcribed and later analysed by the researchers. Once the data has been analysed the results of the analysis will be published as a Doctoral Thesis. Briefings to communicate the findings will be prepared by the researchers and communicated to you through Mrs Vivian Kityo.

f) Are there benefits to taking part in this study?

Direct benefits include:

- 1. Being able to illuminate and verbalise experiences during interviews and reflective diaries leading to further emotional healing;
- 2. Deeper understanding and insight of the counselling process that you are being trained for;
- 3. Gaining an informed understanding of how your culture works that can facilitate skills to become more responsive to your communities;
- 4. Helping you to identify the potential exercises that facilitate your emotional healing from trauma and those exercises you perceive are not culturally appropriate;
- 5. Enhancing your skills as counsellors in utilising and applying the culturally appropriate exercises and understandings re trauma-recovery in your own communities within six months of their training.
- 6. Great potential to provide a culturally responsive model for trauma recovery in your country.

g) Can I withdraw from this study?

Your participation in this study is completely voluntary. You are under no obligation to participate. If at any stage during the process you feel uncomfortable and wish to withdraw you may do so without any hesitation and without adverse consequences.

h) What are my costs?

There are no direct costs. You will only be responsible for travel to and from the research site (the trauma recovery program) and any other incidental expenses.

i) Will I be paid to participate in this study?

You will not be paid for taking part in this research study.

j) What about confidentiality?

Your part in this study is confidential. None of the information will identify you by name. All records will be maintained in locked files or on phone and computer files protected by password known only by the researcher. The only persons with immediate access to your data will be my supervisors, Shukri Sanbar, and Toni Noble, Department of Education (NSW & ACT), Australian Catholic University, Sydney, Australia. Because of the need to release information to these parties, absolute confidentiality cannot be guaranteed even through every effort will be made to protect your identity using a pseudonym for your name. The results of this research study may be presented at professional meetings or in publications; however, your identity will not be disclosed in those presentations and every effort will be made to disguise your identity. Should you choose to withdraw from the research your data will be destroyed and not included.

k) Who do I call if I have questions or problems?

The Human Research Ethics Committee at the Australian Catholic University has approved this study (Ethics Approval Register Number: 2012 302N). If you have questions or concerns about your participation as a research subject, please contact Paula Davis on email: <u>ppdav001@myacu.edu.au</u> If you have any complaints or concerns about the conduct of the study, you may write to:

Chari, HREC C/- Office of the Deputy Vice Chancellor (Research) Australian Catholic University Melbourne Campus Locked Bag 4115 FITZROY, VIC, 3065 Phone: 03 9953 3150; Fax: 03 9953 3315; Email: res.ethics@acu.edu.au

l) I want to participate. How do I sign up?

At the end of this information letter is a Consent Form; please read it carefully, sign and date it in front of ______ (Informant), from (Organisation) (my informant and organiser of the trauma recovery program you will be attending). Please keep a copy for your records. I am looking forward to our time together.

Yours sincerely,

Mrs Paula Davis (Researcher)

CONSENT FORM

Copy for Participant to Keep / Copy for Researcher

TITLE OF PROJECT: A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR COUNSELLORS IN POST-WAR COUNTRIES NAME OF SUPERVISOR: ASSOCIATE PROFESSOR SHUKRI SANBER NAME OF STUDENT RESEARCHER: PAULA DAVIS

I (*the participant*) have read (or where appropriate, have read to me) and understood the information provided in the Letter to Participants. I agree to participant in this study for the required time of 6 to 8 months, including two audio recorded interviews of approximately 1 hour each. I realise that I can withdraw my consent at any time (without adverse consequences). I agree that research data collected for the study may be published or may be provided to other researchers in a form that does not identify me in any way. I will get a copy of this consent form now and can get information on results of the study later if I wish.

NAME OF PARTICIPANT:	
PARTICIPANT SIGNATURE:	. DATE:
SIGNATURE OF INFORMANT:	. DATE:
SIGNATURE OF SUPERVISOR:	DATE:
SIGNATURE OF STUDENT RESEARCHER:	. DATE:

A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA 284 COUNSELLORS IN DEVELOPING COUNTRIES

Appendix F

Interview Guides

SEMI-STRUCTURED INTERVIEW QUESTIONS			
(FIRST INTERVIEW)			
SETTING DATE INTERVIEWER			
INTERVIEWEE	AGE	OCCUPATION	
1. What cultural items d	id you bring to thi	s interview?	
2. What do they mean to you?			
3. What are you taking a	way from the trau	ma recovery training?	
4. How appropriate is th your culture?	e information, tecl	nniques and skills you have learnt to	
5. How will you adapt the	nem for yourself to	make them work?	
6. How will you adapt th	nem to counselling	g others to make them work?	
7. Are there any that are	not culturally rele	evant and why?	
8. How could trauma recurseful to you or to the		general be improved to be more in your culture?	

A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA 285 COUNSELLORS IN DEVELOPING COUNTRIES

Appendix F (Continued)

	SEMI-STRUCTURED INTERVIEW QUESTIONS (FOLLOW-UP INTERVIEW)					
SE	SETTING DATE INTERVIEWER					
IN	NTERVIEWEE AGE OCCUPATION					
Lo	oking back on the last several mon	ths/year:				
1.	Overall, how useful was the traum (if at all)?	na recovery pro	ogram in helping you in your recovery			
2.	How did you adapt them to your	life to make the	em work?			
3.	How useful has it been in helping	you to help ot	hers who are traumatised (if at all)?			
4.	How did you adapt them to your o	counselling to 1	make them work?			
5.	In what ways was it useful or not	useful?				
6.	How did you introduce them?					
7.	How would you evaluate their rel	evance to your	culture?			
8.	What did you choose not to use a	nd why?				
9.	What other information, skills and learnt in the program)?	d interventions	did you use (apart from what your			
10.	. How would you summarise your	experiences of	helping others in their recovery?			
11.	. What metaphor or visual image s	ummarises thes	se experiences for you?			
12.	What would you like to see include be more useful to you in your cult		auma recovery programs that would			
13.	. What have you learned from this	experience (if a	anything)?			
14.	. What has it been like for you to ta	ake part in this	research study?			

A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA 286 COUNSELLORS IN DEVELOPING COUNTRIES

Appendix G

Reflective Journals

Participant Reflective Journal		
NAME	DATE	SETTING
CONCRETE DETAILS & FACTS (NOTE TAKING)		NS & NOTES MAKING)
Activity, information, discussion, sharing, skill, technique, etc.	Drawings, notes, dia observations, mind r feelings, opinions, ir predictions, question	naps, word clusters, nterpretations,

A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA 287 COUNSELLORS IN DEVELOPING COUNTRIES

Appendix G (Continued)

Researcher Reflective Journal		
DATE: 9 December 2012	SETTING:	
CONCRETE DETAILS & FACTS (NOTE TAKING)	REFLECTIONS & NOTES (SENSE-MAKING)	
Activity, information, discussion, sharing, skill, technique, etc.	Drawings, notes, diagrams, observations, mind maps, word clusters, feelings, opinions, interpretations, predictions, questions, etc.	
(Continuin	SUBSTANTIVE FIELD NOTES og conversations, situations, events, observations, interviews and document content)	
Ongoing conversation with G. We talked about hope and where is God in all this suffering.	These have always been my questions: <i>How can a heart remain</i> open and tender in this hard world? And, "What is the best that these brutalised people can hope for? Can healing really enter their shut down souls? Is it possible even? Since 2004 God has taken me on a parallel journey to heal my own pain and learn forgiveness so that I might say this: "There is a direct relationship between a person's grasp and experience of God's grace, and his or her heart for justice and the poor" (Timothy Keller). God's grace has profoundly changed me. Augustine once said, "If there is no God, why is there so much good? If there is a God, why is there so much evil?" For most of my life I've mumbled only the second of Augustine's questions now I shout the first. I can finally be thankful, really thankful for the pain in my life because I've been softened by grace. I've learnt radical faith in a world gone mad; been given eyes that see for real; become a witness to immeasurable suffering and gifted with a bruising of the heart to bring hope and life. This small lifethis broken woman who deeply knows she is remembered and held and never forgotten, can shout "Yes". "I have an irrepressible desire to live till I can be assured that the world is a little better for my having lived in it" (Abraham Lincoln).	
	ETHODOLOGICAL FIELD NOTES esses and procedures of the researcher during data-gathering phase)	
Interviewing process.	Today was chaotic. The interviewing environment could possibly impede the interview process. Monkeys were playing on the roof and the noise was deafening, let alone the distraction. And the interruptions by children and others in the setting were continual. It was so hot! The interviewers looked beat. I hope the interviews aren't compromised because they just want to get out of there!	
(Sorting, coding, and a	ANALYTIC FIELD NOTES nalysis begins to determine gaps and questions to follow-up)	
Coding.	I'm becoming aware of the enormous influence of elders in the helping relationship that necessitates understanding and clarification. J's story sounds really important. I need to have conversations with the informant to get her view on this.	

Appendix H

Semi-structured Interview Questions for Informants/Experienced Counsellors

Introduction Informants:

Since _____, you have been organising and attending trauma-counselling workshops designed and conducted by us.

Introduction Experienced counsellors:

How long have you been a counsellor?

What training have you experienced?

Introduction both:

What I would like to ascertain from this interview is how local trauma-counselling trainees understand, cope and adapt counselling skills and strategies that are designed within a different cultural framework to their own. So your thoughts, reflections and opinions will be valuable to me. I'm aware that there are different cultural groups to whom training is offered. For this interview, we will focus on the _____ people in

_____ who have experienced long-term civil war. Is that OK?

- 1. How long have you been involved in trauma counselling?
- 2. Describe your involvement with the _____ people in _____?
- 3. How do you think participants understand the concepts that are facilitated through the training program?
- 4. In your opinion, how are trauma trainers perceived by _____ trauma counselling trainees?
- 5. How do you think the local para-counsellors adapt the training to their trauma recovery?
- 6. How do the _____ para-counsellors adapt the training to their work environments?
- 7. What trauma recovery program content resonates with you as particularly useful to the _____ people?
- 8. What trauma recovery program content do you think is unworkable for the _____ people?
- 9. What sort of culture-specific support and trauma recovery education would you see as being helpful local para-counsellors in their trauma recovery?
- 10. What would you like to see included in future trauma recovery programs that might be more useful in the _____ culture?

Appendix I

Letter and Forms for Independent Reviewer

TITLE OF THE STUDY: A Culturally Responsive Education Program for Trauma Counsellors in Developing Countries

NAME OF SUPERVISORS: Associate Professor Shukri Sanber; Adjunct Professor Toni Noble

STUDENT RESEARCHER: Mrs Paula Davis

STUDENT'S DEGREE: Doctoral Degree

Dear,

Thank you for volunteering to be an independent reviewer of the verbal interviews and written transcripts of the Sri Lankan interviewees who decided to be included in this research. I appreciate your willingness to help me and am very grateful.

Below are some instructions to assist you and because they are required by my doctoral supervisors:

- 1. Attached is a confidentiality agreement for you to sign and return to me in the self-addressed envelope. (I have included 2 copies if Josiah is to help you!)
- 2. Attached is an independent reviewer verification form to be signed when you have finished verifying. It just means you have finished it!
- 3. I have included a flash drive with the verbal interviews and translated transcripts. I have also printed the written translated transcripts as a guide and included them in the package. Feel free to use them to write on as you verify whether they are an accurate translation.
- 4. In some places Robert has said, "Let me summarise" what the interviewee has said. I need to know exactly what was said.
- 5. Please try to be objective in the translation without inferences and interpretations as this might skew the research. I need exactly what was said.

If you have any questions or concerns or are in need of any support, please contact me on 0418 796 404.

Thank you again. Paula

CONFIDENTIALITY AGREEMENT

TITLE OF THE STUDY: A Culturally Responsive Education Program for Trauma Counsellors in Developing Countries

NAME OF SUPERVISORS: Associate Professor Shukri Sanber; Adjunct Professor Toni Noble

STUDENT RESEARCHER: Mrs Paula Davis

STUDENT'S DEGREE: Doctoral Degree

This study has been approved by the *Human Research Ethics Committee* at *Australian Catholic University* (Ethics Approval Register Number: 2012 302N). If you have questions or concerns about your participation as an independent reviewer, please contact Paula Davis on email: ppdav001@myacu.edu.au

Independent Reviewer	 Date
(Print Name)	

Contact Information

I agree, that in consideration of information submitted to me (verbal and written transcripts of interviews conducted in Sri Lanka) by student researcher, Paula Davis, I will keep all information provided to me, both verbal and written, in strict confidence. I will not disclose this information, either in any form.

I am aware of the sensitivity of the information contained in the verbal and written transcripts and will be diligent in keeping this information confidential.

Signature	. Date
Student Researcher	Date
Student Researcher	

INDEPENDENT REVIEWER VERIFICATION FORM

TITLE OF THE STUDY: A Culturally Responsive Education Program for Trauma Counsellors in Developing Countries

NAME OF SUPERVISORS: Associate Professor Shukri Sanber; Adjunct Professor Toni Noble

STUDENT RESEARCHER: Mrs Paula Davis

STUDENT'S DEGREE: Doctoral Degree

The *Human Research Ethics Committee* at Australian Catholic University has approved this study: (Ethics Approval Register Number: 2012 302N). If you have questions or concerns about your participation as an independent reviewer, please contact Paula Davis on email: ppdav001@myacu.edu.au

Independent Reviewer	Date	
(Print Name)		

Contact Information

By signing this verification form, I verify that I have reviewed the Tamil interviews given to me by student researcher, Paula Davis, as part of her doctoral research and that all the information reported by me is complete and accurate to my knowledge.

Signature	Date
Student Researcher	Date

A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA 292 COUNSELLORS IN DEVELOPING COUNTRIES

Appendix J

Ethics Approval

Subject: Date:	Res Ethics Res.Ethics@acu.edu.au 2012 302N Ethics application approved! 30 August 2013 10:55 am Shukri Sanber Shukri.Sanber@acu.edu.au, Paula Anne Davis ppdavi001@myacu.edu.au
Dear App	licent,
Principal Student I Ethics Re Project T	Investigator: A/Prof Shukri Raja Sanber Researcher: Ms Paula Davis rgister Number: 2012 302N Ite: A Culturally Responsive Education Program for Trauma Counsellors in Developing Countries I: More than Low Risk
	roved: 30/06/2013 earance End Date: 31/12/2014
	It is to advise that your application has been reviewed by the Australian Catholic University's Human Research Ethics and confirmed as meeting the requirements of the National Statement on Ethical Conduct in Human Research.
	to that been awarded ethical clearance until 31/12/2014. In order to comply with the National Statment on Ethical Conduct in esearch, progress reports are to be submitted on an annual basis. If an extension of time is required researchers must submit a report.
factors be	e data collection of your project has received ethical clearance, the decision and authority to commence may be dependent on yond the remit of the ethics review process. For example, your research may need ethics clearance or permissions from other ions to access staff. Therefore the proposed data collection should not commence until you have satisfied these requirements.
ll you req	uire a formal approval certificate, please respond via reply email and one will be issued.
	related to low risk ethical review are subject to ratification at the next available Committee meeting. You will only be contacted elation to this matter if the Committee raises any additional questions or concerns.
other pro us by em consent p	ers who fail to submit an appropriate progress report may have their ethical clearance revoked and/or the ethical clearances of lects suspended. When your project has been completed please complete and submit a progress/final report form and advise all at your earliest convenience. The information researchers provide on the security of records, compliance with approval procedures and documentation and responses to special conditions is reported to the NHMRC on an annual basis. In ce with NHMRC the ACU HREC may undertake annual audits of any projects considered to be of more than low risk.
	rincipal Investigators / Supervisors responsibility to ensure that: erious and unexpected adverse events should be reported to the HREC with 72 hours.
	changes to the protocol must be approved by the HREC by submitting a Modification Form prior to the research commencing or
	search participants are to be provided with a Participant Information Letter and consent form, unless otherwise agreed by the
Final Rep	ess and/or final reports, please complete and submit a Progress / ort form:
1000	edu au/465013 ications to your project, please complete and submit a Modification form:
	edu au/465013
	ers must immediately report to HREC any matter that might affect the ethical acceptability of the protocol eg: changes to or unforeseen circumstances or adverse effects on participants.
Please d	a not hesitate to contact the office if you have any queries.
Kind rega Kylio Pas	
Office of	Iter I Research Services the Deputy Vice Chancellor (Research) In Catholic University
THIS IS	IN AUTOMATICALLY GENERATED RESEARCHMASTER EMAIL

A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA 293 COUNSELLORS IN DEVELOPING COUNTRIES

Appendix K

The Research Timeline

Purpose: To explore how local trauma-counselling trainees in the developing countries of Uganda and Sri Lanka understand, cope and adapt counselling skills and strategies that are designed within a different cultural framework to their own.

	Activity		Timeline
Apply and obtain ethics cleara (ACU) Human Research Ethic Develop interview guides, par informed consent forms Initial contact with informants	es Committee ticipant and inform		September 2012 to October 2013
Arrange Trauma Recovery Ed Email participant and informa forms to informants	nt information let	ters and informed consent	
Data Gathering & Analysis	Participant	Activity	
Phase 1 Collection of cultural artefacts	Trainees	Collect cultural artefacts	October 2013 to September
Collect archival documents	Researcher	Collate & code archival documents	2014
Collect diaries & documents Observations	Trainees Researcher	Code diaries & documents Code observations	
			~ .
Researcher journals	Researcher	Code researcher journals Translate, transcribe & code interviews Member check transcriptions with trainees where possible and alternately with informants	September 2014 to June 2015
		Verification	
Phase 2 Interviews	Experienced counsellors and informants	Member check with experienced counsellors & informants	July 2015 to December 2015
		Translation check by independent reviewer	
	Researcher	Data Analysis	
		Verification	
Phase 3 Report Writing	Researcher	Analysis	January 2015 to December 2015

A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA 294 COUNSELLORS IN DEVELOPING COUNTRIES

Research Portfolio Appendix

Publications:

Published articles:

Davis, P. A. (2013). The crucible of supervision. Counselling Connections Across Australia, 4, 57-59. Retrieved from http://www.ccaa.net.au/images/documents/Journal_/Journal_2013/CCAA-2013_The_Crucible_of_Supervision.pdf

Davis, P. A. (2014, October). What's the best they can hope for? Resiliency and posttraumattic growth from the complex trauma of political and war violence. *Counselling Connections Across Australia, 5,* 58-63. Retrieved from http://www.ccaa.net.au/images/documents/Journal_/Journal_2014/58-63_Whats_the_Best_they_can_hope_for.pdf

Published peer-reviewed articles:

Davis, P. A. (2015). Resiliency and posttraumatic growth. *Counselling Australia*, 15(3), 8-14.

Davis, P. A. (2015). Differences between individual-based and collective-based systems of culture. *Counselling Australia*, *15*(4), 27-33.

Davis, P. A. (2015). The broken strong. *Counselling Connections Across Australia*, 6, 15-19.

Presentations:

Presentation of findings to Sri Lankan trainees in Killinochchi, Sri Lanka. *Connect for Life*, August, 2015.

A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA 295 COUNSELLORS IN DEVELOPING COUNTRIES

Research Portfolio Appendix (Continued)

Resiliency and post-traumatic growth

By Paula Davies

The concepts of resiliency and posttraumatic growth are pertinent to the trauma survivors, especially those in East Africa. Recent civil wars in Uganda and Sudan, along with terror attacks on several East African countries are now a frequent phenomenon. Therefore, clinicians are increasingly interested in factors that foster resilience and lead to posttraumatic growth, especially as they apply to the growing number of East Africans seeking refuge in Australia. Although often used interchangeably, the concepts reflect subtle differences that are important for mental health and wellbeing that will be discussed in this article.

Research on resiliency and posttraumatic growth are discrete in the literature and crucial to understanding recovery for survivors of psychological trauma. Traditionally, the focus on individual conceptualisations of resiliency is beginning to shift towards interventions and training that is more contextual (Drozdek, 2013; O'Dougherty Wright, Masten, & Narayan, 2013). Wood and Tarrier's (2010) extensive review of the literature in the field of positive psychology found that the traditional focus on negative functioning and distress in the area of psychological health has largely ignored resiliency and posttraumatic sutcomes. The welcome change of focus strives to integrate mental health issues with positive functioning and emotions, strengths as opposed to deficits, positive outcomes despite exposure to risks, and understanding the constituents of healthy development and wellbeing (Masten, 2001). Resiliency and post growth will be discussed sequentially.

Resiliency

Resiliency is defined as "the dynamic process of bealthy response and coping in the face of adversity" (flamaoka, Benendek, Grieger & Ursano, 2007). The majority of resilience research has focused on children and families. The concept of resilience first appeared in the research literature in relation to risk factors for chronic and acute illness in adults (Dawber, Meadors, & Moore, 1951) and risk and protective factors in children. Those children who thrive despite adversity were termed resilient (Werner & Smith, 1982). Early resiliency research was limited to individuals who did not develop problems (Garmezy, Masten, & Tellegen, 1984). At the time the research field was dominated by psychoanalytic theory. Research efforts were oriented towards a biomedical disease model and directed to pathology and deficits in order to predict later psychopathology or maladaptation, rather than strengths and preventative and positive outcomes (Masten, 1989; Masten & Coatsworth, 1998; O'Dougherty Wright, Masten, & Narayan, 2013). Nevertheless, longitudinal studies begun in the 1950's with continual publication into the 1970's (Zolkoski, & Bullock, 2012) identified a trend of positive adaptation among subsections of children who were considered "at risk" for developing psychopathology later in life ((Masten, 2001, 2004, 2013; Masten & Obradovic, 2006; Masten & Reed, 2002; Wright & Masten, 2005). Thus, the capacity for resilience despite adverse circumstances was recognised.

Currently, resiliency refers to the "ability to recover readily from illness, depression, adversity or the like," the "ability to regain shape" and "resistance to adversity" (Tedeschi, 2012). The APA (2013) defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress - such as family and relationship problems, serious health problems or workplace and financial stressors. It means the propensity to bounce back from difficult experiences and sustain a healthy outcome following traumatic event/s (Alvord & Grados, 2005; Brooks, 2006; Cicchetti & Rogosch, 1997; Seery, Holman, Silver, & Cohen, 2010). There is considerable agreement in the

field that two elements must be present in resiliency (Cicchetti, 2004; Luthar, Cicchetti, & Becker, 2000; Masten, 2001; Schilling, 2008): 1) Adversity related to negative life circumstances (that is, "high-risk" situations or threat); and, 2) Successful adaptation and proficiency on age-linked developmental tasks. These will be discussed in relation to East African resiliency factors.

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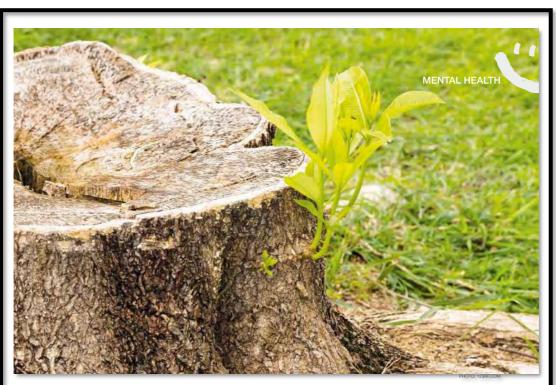
East African Resiliency Factors

An ethnic cultural group residing in northern Uganda have endured protra political and war violence for close to twenty years. Yet they appear to contain a quality of collective resilience that supports the individual in the treatment of trauma. The collective includes family relationships where there is an expectation that members will remain together for life, serving as sources of belonging and support (Gashaw-Gant, 2004, p. 12). That sense of belonging and support extends to the community, as "Among East Africans families, neighbors and friends constitute the best support system for an individual who is suffering from physical or mental illness (Gashaw-Gant, 2004, p. 12). This sense of familial and community support leads to a sense of belonging, worth and resiliency.

The literature assumes that resiliency requires certain processes to heal from psychological trauma. The association between resilience and various sociocontextual factors forms a growing body of research that indicates resiliency after trauntatic events is more common than first thought (Bonanto, Galea, Bucciarelli, Vlahov, 2007). In a comprehensive review of empirical research on PTSD, Bovin and Marx (2011) found that a healthy outcome depends on an individual's appraisal of the event(s) and this is vital in shaping the significance and meaning of the event for future wellbeing. Inherent in resiliency is hope, for when hopes are shattered life loses its meaning and this can lead to isolation. hopelessness and despair (Boss, 2006).

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Importantly, resiliency connotes more than trauma recovery and ideas surrounding resilience implicate a return to pre-trauma baseline levels of functioning (Bonnano et. al, 2007). Moreover, resiliency relates to the metaphor of an inoculation where individuals are more likely to experience a protective function when exposed to future adversity. Thus, how the Acholi ethnic group interpret the trauma of political and war violence has a significant effect on their capacity for resilience.

Additionally, resiliency is influenced by developmental factors. Undoubtedly, children are often victims of terror and civil warfare. Leading psychologists in the field of resiliency, Werner, Davis and Masten (as cited by Balswick King & Reimer, 2005), study risk and resiliency in children. They argue that risk includes, "any factor in a child's world that jeopardises healthy development" such as internal forces (attachment) or external forces (an unhealthy environment such as civil war or relationships) that might disrupt normal development (p. 155). However, resiliency represents "any factor that promotes healthy development" such as supportive relationships and children with a considerable number of resiliency factors are generally able to prevail in the midst of adversity and failure (Balswick King & Reimer, 2005, p. 155). Thus, supportive family and community relationships are vital to resiliency.

Moreover, research reveals that resiliency is determined by both pre-existing and protective factors. Preexisting factors include temperament, age and stage of the developmental process, attachment history, the nature of the traumatic events, attributions held about the trauma, and level of anxiety (Apfel & Simon, 1996). Meyerson, Grant, Smith Carter and Kilmer (2011), in their systematic review of posttraumatic growth among children and adolescents, assert that protective factors that promote resilience especially in children, may include "individual traits, family qualities, and support (such as warmth, unity, and the presence of a caring adult in the absence of parents) and community support (including schools, religious affiliation) which may enable individuals to circumvent life stressors" (p. 636).

Similarly, a cross-cultural study of two collective-based cultures that continue to experience political and war violence found that children tend to be more resilient compared to adults (Harel-Fisch et al., 2010). Children appear to be impacted more by their parent's responses to traumatic stress demonstrating that parental support forms a mediator in the wellbeing and mental health outcomes of their offspring (Harel-Fisch et al., 2010). Therefore, targeting parental distress by fostering resilience is indicated alongside interventions aimed at improving protective factors and strengthening protective resources. This may result in a decrease in psychological symptoms of trauma in both adults and children.

Further, resilient individuals tend to share common factors. Studies by Brown (2010), drawing on other research (Agaibi & Wilson, 2005; Luther, Cicchetti & Becker, 2000; Ong, Bergeman, Bisconti & Wallace, 2006), discovered that the most common factors of resilient individuals could be reduced to five characteristics. Brown found that resilient people:

- Are resourceful and have good problem-solving skills;
 Are more likely to seek help:
- Are more likely to seek help;
 Hold the belief that they can do something that will help them to manage their feilings and cope:
- manage their feelings and cope;Have social support available to them; and,
- 5. Are connected with others, such as family or friends (p. 64). Brown (2010) noticed that, "the very foundation of the "protective factors" – the things that made them bouncy – was their spirituality" and this spirituality consisted

spirituality and this spirituality consisted of "a shared and deeply held belief" (p. 65). Without exception she found that spirituality emerged as one of the important components of resilience. From this base Brown acquired three further components essential to resilience: 1. Cultivating hope;

Practicing critical awareness; and

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 Letting go of numbing and taking the edge off vulnerability, discomfort, and pain (p. 65). It has been stated that hope is

In has occh satisfience. Snyder (2002) defines Brown's (2010) first component of resilience, *cultivating hope* as a cognitive mind-set. Brown suggests that cultivating hope includes a combination of the capacity to be goal-directed, for perseverance to achieve those goals, and believing in one's ability to attain them. Lack of hope leads to powerlessness and the "inability to effect change" produces feelings of desperation (p.65). Consequently, it is important to foster hope in traumatised East Africans by interventions designed to reconnect them

to their spirituality. Brown's second component of resiliency, practicing critical awareness involves "reality-checking" by assessing and challenging if necessary the messages being received from socio-cultural processes (p. 65). For example, in East African countries the male identity is related to the ability to discipline and contain his emotions (including anger) in order to gain the respect of the community. He should never engage in public displays of emotions. Crying in public is forbidden and believed to be a sign of weakness that leads to a nervous breakdown. As a result, men are constrained from seeking the support of other people. Consequently, they use common suppressants such as work, sex, alcohol and anger to assuage their grief.

Brown's third component involves, letting go of numbing/taking the edge off vulnerability, discomfort, and pain (p. 65). Numbing sabotages resilience. Brown (2010) believes that this style of coping actually dulls any good feelings such as the ability to experience joy. Emotions cannot be selectively numbed. Hence, Brown's research offers a platform for reflecting on the components and protective factors that lead to resilience for traumatised East Africans.

Furthermore, researchers point to other common factors in resiliency. In their research with prisoners of war, natural disaster survivors and extreme abuse survivors, Southwick and Charney (2012) found ten factors that appeared to relate to resilience. They claimed that not everyone needs all of them. As individuals, different factors apply to each person but the central premise posited is that the self can be trained to become resilient. For example, three of the ten factors are:

1. Realistic positivity and acceptance indicating first an acceptance of the event/s that may include appropriate mourning of incurred losses. Secondly, choosing to be positive and adopting an attitude of realistic optimism in the face of reality can facilitate resiliency;

- Staying true to your morals indicating that those who develop a set of robust morals are more resilient no matter how challenging the situation. A strong belief system such as a particular faith, an internal set of beliefs or a strong sense of morality means that there is an inner core that cannot be overcome or touched; and,
- Support and nurture a social connection with others – indicating that those who seek out others who will offer them empathy and support feel less alone. Those who have suffered similar experiences have the potential to be primary support persons (p. 171).

Thus, East Africans can learn to be resilient.

Notably, risk and protective factors are concepts used in resilience research that either promote or inhibit resiliency. Resilience necessitates both a risk factor and a contrasting or protective factor that reduces the negative influence and potential negative outcome of the risk factor (Luthar, Sawyer, & Brown, 2006). A risk factor is one that increases the likelihood of future harm or negative outcomes (DOCS, 2007). Protective factors consist of variables that mitigate the risk and lead to positive outcomes despite of the existence of adversity (Sandler, 2001). However, there is a significant scarcity of relevant literature on protective factors relating to culture (Luthar, 2006, Masten & Wright, 2010) and factors such as cultural traditions Importantly, East Africa contains a collective-based value system where community support may provide a variety of protective functions for individuals, families and communities

Spirituality and Resiliency in East Africa

In East Africa, resiliency includes behaviours intended to manage adversity and promote spiritual wellness including storytelling, religious attendance, and purification rituals and ceremonies that promote healing and blessing. Examples are also found in tribal cultures such as East Africa and American Indian (Gone, 2009). East African cultures perform public and religious ceremonies associated with birth, planting and harvesting. Communal rituals and ceremonies can serve a protective function by offering "both a predictable structure that guides behavior and an emotional climate that supports early development" (Spagnola & Fiese, 2007). Thus, a significant relationship exists between resiliency and the constructive influence of spirituality in development across the lifespan (Crawford, O'Dougherty-Wright & Masten, 2006; O'Dougherty, Wright, Masten & Narayan, 2013).

Moreover, spiritual wellness is a term associated with resiliency where a religious belief system is not necessary (Briggs, Akos, Czyszczon, & Eldridge, 2011). Spirituality enhances wellness and "common dimensions to spiritual wellness include hope, meaning, purpose in life,

connectedness, honest, compassion forgiveness, rituals, recognition of what is held to be sacred, and transcendent beliefs/ experiences that may include a sense of a higher power" (Ingersoll, 2004 p. 302). Spirituality and religion offer universal and mythological themes that support and sustain people during and after times of adversity. For example, *The Heroes Journey*, by the American scholar, Joseph Campbell (1968), identifies an ancient wisdom narrative pattern where the hero or heroine embarks on an adventure and leaves the familiar realm. learns to navigate an unfamiliar and sometimes hostile environment, achieves great deeds on behalf of the group, tribe, or society, and returns to his/her familiar setting a changed person. Joseph Campbell (1968, as cited by Louie, 2007) portrays this journey as:

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The usual hero adventure begins with someone from whom something has been taken, or who feels there is something lacking in the normal experience available or permitted to the members of society. The person then takes off on a series of adventures beyond the ordinary, either to recover what has been lost or to discover some life-giving elixir. It's usually a cycle, a coming and a returning (p. 23).

The Heroes Journey and similar narratives resonate with universal ideals in the desire to impact one's inner and outer worlds, construct meaning from adverse circumstances and repair the world.

Storytelling in East Africa is a healing art and enables an individual to adopt the role of teacher in the healing and learning process (Drozdek, 2013). Hence, storytelling, song, dance and survival celebrations are ritually exercised by collective societies such as those in East Africa to reintegrate individuals,

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families and the group back into internal and external stability. Political and war violence shatters the fabric of social cohesion; therefore, healing may involve connecting communities to earlier behaviours that previously assisted them to manage adversity and promoted spiritual wellness. Further, Drozdek (2013) states that explanatory models and cognitions offered by religion are sometimes "closer" to someone than scientific thinking. They provide a protective function that may mediate resilience, for example, sharing of pain, forgiveness, life-long learning, and gratitude. Thus, the primary religious systems in East African culture may serve to counteract or ameliorate the impact of the devastating experiences of enduring civil war.

Notably, East Africans are inherently religious and each tribe has its own religious system with a specific set of beliefs and practices (Mbiti, 1969). The documentation of Africa's traditional spiritual belief systems only began between 1912 and 1955 (Smith, 1998). However, it has mediated traumatic stress for millenniums (Gashaw-Gant, 2004). The dominant Christian belief system in Uganda views adversity in distinct ways, for example, "Christianity transmutes the tragedy of history into something that is not tragedy" (Niebuhr, 1937, p. 193). Further, "Try to exclude the possibility of suffering which the order of nature and the existence of free-wills involve, and you find that you have excluded life itself" (Lewis, 2009). Graham (1981, as cited by Tedeschi, & Calhoun, 1995) claims that

Suffering, on the other hand, tends to plow up the surface of our lives to uncover the depths that provide greater strength of purpose and accomplishment. Only deeply plowed earth can yield bountiful harvests (p. 7).

Additionally, elders play a spiritual role in suffering, Traditional East African families are hierarchical in structure governed by tribal elders who are revered as sources of spiritual wisdom. Thus, religion governs all aspects of life in East African culture including the provision of explanatory models for suffering and resilience (Gashaw-Gant, 2004, pp. 11-13). Thus, explanatory models and cognitions offered by religion are indeed, sometimes 'closer' to traumatised individuals and societies than scientific thinking and can offer meaning, hope and transcendence to experiences of adversity.

Posttraumatic growth

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Alternately, posttraumatic growth is a term that expands on the notion of resiliency to include a shift to "a new level of functioning and perspective" and "transformative responses to adversity" (Tedeschi, 2012). It includes positive change following the struggle with a traumatic event (Calhoun & Tedeschi, 1999). Whereas resiliency is about bouncing back from a traumatic experience, posttraumatic growth involves transformative growth (Tedeschi, et al., 2009). It is "positive change experienced as a result of the struggle with trauma' (Kilmer, 2006; Tedeschi, & Calhoun, 1996). Tedeschi (2012) believes that tr constitutes a turning point in an individual's life narrative, "a watershed event... If an event divides life into "before and after" it may be traumatic, and also, growthenhancing." Currently, a large body of research confirms that growth and positive change can occur after traumatic events (Helgeson, Reynolds & Tomich, 2006).

Furthermore, posttraumatic growth simultaneously involves both a process and an outcome (Tedeschi, Park & Calhoun (2009) and can be experienced collectively by communities and societies such as those in northern Uganda that have experienced profound trauma from political and war violence. The process includes components of resilience such as a positive cognitive mindset. However, confusion, grief and mourning are processes that precede rebuilding. The metaphor of physical rebuilding serves as a metaphor of an internal reality where the old structures must come down before new and stronger ones can be erected in their place (Tedeschi, et al., 2009). This new and stronger outcome results from experiencing positive changes arising from the struggle to find meaning in traumatic events (Tedeschi, 2012).

Moreover, posttraumatic growth appears to be a universal phenomenon and is reported across cultures including Israel, China, Turkey, Germany, Bosnia, Japan, Holland, Australia, Switzerland, and others (Tedeschi, 2012). Implications for counselling East Africans includes a focus on strengths, gifts, assets and the opportunity to reflect on spiritual themes both individually and collectively in a communal setting.

Spirituality and Posttraumatic Growth in East Africa Moreover, spiritual beliefs profoundly influence posttraumatic growth for East Africans. An example is found in Christians gaining strength and meaning from their

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faith in God. Also, African Tribal Religion (ATR) views mental health as dependent on harmonious interpersonal relationships with others and with ancestral beings (Bojuwoye & Edwards, 2011; Straker, 1994; Vontress, 1996). The departed are believed to live on in the spirit world and over time, eventually become gods of sorts possessing supernatural powers. They are revered for their ability to continue to play an active role in watching over the living by providing guidance and wisdom to families and the wider community. Elders are revered, both in life and after death for their experience and wisdom as witnesses to all that has preceded them. This social support of the living and the dead serves a protective and therapeutic function and may constitute an important factor in posttraumatic growth for East Africans. These powerful attachment figures can assist in the regulation of emotions that are problematic in PTSD (Nzimkulu, 2000, as cited by Bojuwoye & Edwards, 2011) and bestow meaning on traumatic events. Thus, ancestral beliefs explain the ability of East Africans to transform trauma into positive outcomes and transformational growth.

In addition, other components of posttraumatic growth include compassion. forgiveness and integrating traumatic events into a new reality. Kidnapping survivor Amanda Lindhout (2012) publicly shares her experience as a hostage in Somalia spending 460 days in captivity. She relates that she does not dwell on this:

but relates moments where personal transformation occurred and she had the opportunity to turn suffering into growth She explains how her journey through regret, anger and pain ultimately led her to discover that as long as she retained her ability to feel compassion, her humanity could never be taken from her. During her weakest moments, she found the ability to experience her greatest power: the power to forgive.

Linhout states that, "The process of forgiveness is not easy, but the decision to engage in it is the single most liberating experience a person can have.

Traditional religious instruction in East Africa focuses on mercy, guidance and compassion with caring support being both a "religious and moral obligation" (p. 12). Compassion and forgiveness are important values for East Africans. For example, a Ugandan ritual for cleansing and forgiveness involves stepping on a raw egg that is a symbol of innocent new life not yet been tainted. This ritual is performed to welcome child soldiers returning from the bush back into the community (Jacobs & Reyes, 2006). In fact, East Africans possess many rituals that, "are collective activities ... which, within a culture, are considered as socially essential: they are therefore carried out for their own sake" (Hofstede (1991, p. 7)

In addition, several studies on the concepts of reconstructing or strengthening perceptions of self, others, and the

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meaning of traumatic events found that posttraumatic growth holds the idea of coming to terms with the personal meaning of traumatic experiences and the individual's place in the world (Tedeschi, et al., 2004a, 2004b, 2006). The studies maintain that growth does not occur from the traumatic events per se but the ensuing struggle to integrate the events and experiences into a new reality. Reports of posttraumatic growth indicate a new appreciation for life, a sense of the spiritual, changed priorities especially in regards to valuing intimate relationships, a sense of personal strength in surviving at great odds and the acceptance of the traum a accompanied by appropriate grief (Tedeschi, et al., 2004a, 2004b).

Africa has had a rich history and tradition of oral storytelling that may be utilised in counselling. Narrative therapy may assist East Africans to explore the constraining or restricting "dominant" life story they believe about their lives and relationships in the context of where they were formed (White, 2011). Interventions centre on assisting them to discover an alternate story by which they can create space for change and re-story their lives into more affirming and positive stories, beliefs and attitudes (Madigan, 2010; White, 2011).

Perhaps the final word goes to Rabbi Harold Kushner (1996, cited in Viorst, 1979) who laments the bitter sweetness of posttraumatic growth. He describes it in the following quote:

I am a more sensitive person, a more effective pastor, a more sympathetic counselor because of Aaron's life and death than I would ever have been without it. And I would give up all those gains in a second if I could have my son back. If I could choose, I would forego all of the spiritual growth and depth which has come my way because of our experiences, and be what I was fifteen years ago, an average rabbi, an indifferent counselor, helping some people and unable to help others, and the father of a bright, happy boy. But I cannot choose (p. 295).

Considerations for Counselling There are several principles based on this review that should guide practitioners when working with East African people. A dopting these principles may promote resilience and posttraum atic growth by utilising cultural strengths and resources after a natic event. These principles are: 1. Assisting clients to connect or reconnect with familial and community

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Tim Fraser Jenny Fitzgerald **Tracey Rhodes**



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support thereby increasing their sense of belonging, worth and resiliency; Connecting clients to their spirituality and religious beliefs, thereby enabling 2. them to gain strength and meaning;

- Facilitating storytelling thereby assisting clients to re-story their lives into more affirming and positive stories, beliefs and attitudes; and,
- 4. Facilitating healing rituals of compassion, forgiveness thereby assisting clients to integrate traumatic events into a new reality.

These principles should not be seen as an independent treatment and should be integrated into accepted treatments that promote resiliency. Doing so may make interventions more culturally sensitive and increase the effectiveness of intervention with this group. Practitioners should be encouraged when working with trauma in an East African population as the case has been made that adversity does not necessarily lead to negative outcomes. Clinicians can actively include factors in therapy that foster resilience and lead to posttraumatic growth for the growing number of East Africans seeking refuge in Australia. 💟

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A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA 302 COUNSELLORS IN DEVELOPING COUNTRIES

Research Portfolio Appendix (Continued)

REVIEWED ARTICLE **Differences Between** Individual-based and Collective-based Systems of Culture

By Paula Davis

Abstract

Models of culture provide a framework to examine, explain and classify cultures according to their cultural differences in value systems. This article explores Hofstede's (1984) model of culture as it applies to cross-cultural counselling, particularly the post-war cultures of Uganda and Sri Lanka. Australia has a high representation of these cultures due to refugees and asylum seekers fleeing the respective protracted wars. Hofstode's model affords an easily understood explanatory model of cultural dimensions that informs the diverse ways people in Anglo-Australia, Uganda and Sri Lanka think, feel and behave. The dimensions are: power-distance, uncertaintyavoidance, masculinity-femininity, individualism-collectivism, long tennshort term orientation and indulgencerestraint. These dimensions essentially depict values that are expressed in cultural practices evident on three levels: 1) symbols; 2) rituals; and, 3) heroes/ heroines. This article explains and discusses each of Hofstede's dimensions of culture and how they are represented in the three levels of culture. An application elling practice for Ugan dans and Sri Lankan will be provided for each cultural dimension and level.

Uganda and Sri Lanka are collectivebased value systems that have experienced profound, protracted political and war violence. As a cross-cultural counsellor and educator in these countries the author has discovered that they embrace a different cultural value system to the Anglo-Australian individual-based value system. Whereas ideals of personal idepe dence tend to predomi Anglo-Australian culture, ideals of interdependence and social harmony appear to predominate the Ugandan

and Sri Lankan cultures. Thus, a model of culture is needed that assists Anglo-Australian counsellors to understand and work sensitively within these cultures and with refuges and asylum seekers in Australia who represent these cultures,

There are several explanatory, evidence-based models of culture generate insight into cross-cultural differences. Initiated by House in 1991, the evidence-based GLOBE model, an acronym for Global Leadership and **Organizational Behavior Effectiveness** contains a Nine Dimensional Model of culture (Hofstede, 2011). From 1994 to 1997, House, Hanges, Javidan, Dorfman and Gupta (2004) built upon Hofstede's (1980) research findings and others to collect data from approximately 17,000 managers in approximately 1,000 multi-national organisations from food processing, financial services and telecommunication services in approximately 60 countries worldwide.

Anthropologist and cross-cultural researcher, Edward Hall (1976) formulated an evidence-based model based the concept of high-context and low-context cultures. In his model key factors such as context, time, space and information inform communication and word choice in routine communication in different cultures (Hall, 1985). Thus, in high-context closeknit groups, very few words are needed to communicate a complex message even though this might be less effective with outsiders, whereas in low-context cultures the individual might problem solve alone but communicate more explicitly when needed (such as needing more information). Anglo-Australia would constitute a low context culture while Uganda and Sri Lanka would represent high-context cu Thus, according to Hall's (1976, 1985) model it would be advantageous for me to

gain the support of the group by building relationships in order to communicate Even though these models have merit, nicate well. Hofstede's (1984, 1990) Five Dimensio Model of Culture is chosen for further consideration because it is evidenced-based, straightforward and insightful,

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Hofstede's (1984) model of culture is based on a prototype introduced in 1980 that since has acquired normal science status. In 1980, Hofstede collected data from 116.000 employees working in IBM, a large multinational corporation situated in forty different countries. He focused on the importance of fundamental established patterns of thinking, feeling, and behaving ingrained by late childhood and his model is regarded as a paradigm in the field of cross-cultural research. Through his empirical data analysis Hofstede concluded that, "organization are cultural-bounded" (p. 252) and he encapsulated cultural differences into four dimensions. His four dimensions of culture are: power distance, uncertainty avoidance, masculinity-femininity, and individualism-collectivism. Hofstede's original framework has been replicated by six major studies (Hofstede, Hofstede & Minkov, 2010). Minkov (2007, as cited by Hofstede et al. 2010) developed the World Values Survey and added a fifth and sixth dimension that are Long Tenn versus Short Term Orientation and Indulgence versus Restraint. The current VSM 08 (Value Survey Module) includes revisions of VSM 80, 82, and 94 (Hofstede, Hofstede, Minko & Vinken, 2008). It consists of 28 item 20 questions using 5-point ratings and 6 demographic questions and 7 sub-scales. In essence, Hofstede's dimensions reflect "brond tendencies to prefer certain states of affairs over others" (1994, p. 8). The six dimensions Hofstede's (2011) model will be discussed and presented in binary form

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A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA **303** COUNSELLORS IN DEVELOPING COUNTRIES

Research Portfolio Appendix (Continued)

DIFFERENCES OF CULTURE

Power-Distance Dimension

Explanation of cultural construct.

The power-distance dimension in Hofsted's (2011) model of culture reflects the degree to which a culture deals with power inequalities (Hofstede et al., 2010). These are described as "the extent to which the less powerful members of institutions and organisations within a country expect and accept that power is distributed unequally" (Hofstede, 1994, p. 28). Anglo-Australian culture is more attuned to smaller power distances between those in authority or those holding privileged positions (such as the Prime Minister, doctors, lawyers, et cetera) than the ordinary person. Equality is valued and professional distance minimised.

Application to counselling

Collective countries such as Uganda and Sri Lanka prefer a large status differential. They function with larger power-distances and tend to view the counsellor as an expert. For example, in Ugandan culture, age, respect and the consulting of elders about community decisions are crucial. However, in cultures such as Anglo-Australia with a smaller power-distance, the individual expects to be consulted and have a say in the outcome, Indeed, in Sri Lanka family inequality is endorsed by society. Even adult children are expected to be obedient to their elders.

Moreover, Western counsellors are primarily trained in a collaborative improach as opposed to expert-suboritinate. Western elinicians are generally trained to be careful of assuming excessive power and to minimise elient-counsellor distance. However, in large power-distance societies such as Uganda and Sri Lanka, the counsellor's "expert" status is valued, appluided and respected for superiority and title.

Thus, an Anglo-Australian trained counsellor may attempt to close the power-distance between them and their client/s. Negotiating this cultural dilemma is necessary early in counselling so that both parties understand and work with it in ways that support the client.

See Table 1.

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Small Power Distance	Large Power Distance
Use of power should be legitimate and is subject to criteria of good and evil	Power is a basic fact of society antedating good or evil: its legitimacy is irrelevant
Parents treat children as equals	Parents brack children obedience
Older people are neither respected nor feared	Older people are both respected and feared
Student-contered education	Teacher-centered education
Herarchy means inequality of roles, established for convenience	Hierarchy means existential inequality
Subordivates expect to be consulted	Subordinates expect to be told what to do
Pluralist governments based on majority vote and changed peacefully	Autocratic governments based on po-optation and changed by revolution
Conuption rare; scandals end political camera	Conuplion frequent, scandals are povened up
Income distribution in society rather even	Income distribution in society very useven.
Religions stressing equality of ballevers	Religions with a Ketarchy of priests.

* Power-Distance Societies (Hofstede, 2011, p. 9).

Uncertainty-Avoidance Dimension

Explanation of cultural construct.

Hofstede (2011) observed that culture exists on an uncertainty-avoidance continuum with structure and ambiguity. He observed that scores tend to be higher "in East and Central European countries, in Latin countries, in Japan and in Gennan speaking countries, lower in English speaking, Nordie and Chinese culture countries" (Hofstede, 2011, p. 11). The weak uncertainty-avoidance cultures prefer situations and discourses where uncertainty and ambiguity prevail.

Application to counselling.

Strong uncertainty-avoidance cultures such as Uganda and Sri Lanka try to minimise threat by enforcing socially sanctioned strict laws, rules and codes of behaviour. Dissenting opinions and uncertainty are discouraged and certainty resides in legislation, religion, community rituals, eral traditions, or relationships (such as family elders). Social harmony is a primary goal. An Anglo-Australian trained counsellor may not appreciate or consider the priority of social harmony engendered by these strong uncertainty-avoidance cultures. Alternately, weak uncertaintyavoidance cultures such as Anglo-Australia prefer novelty and rick-taking. Dissenting opinions are encouraged and tolerance for the unknown is not uncomfortable as it would be in strong uncertainty-avoidance cultures. Thus, the Anglo-Australian coursellor may encourage their Ugandan and Sri Lankan elienty to move into unknown areas and take risks too early into the courselling process and thereby cause considerable discontion to their clienty. Again, this needs to be named as it occurs and negotiated within the context of the courselling relationship.

See Table 2

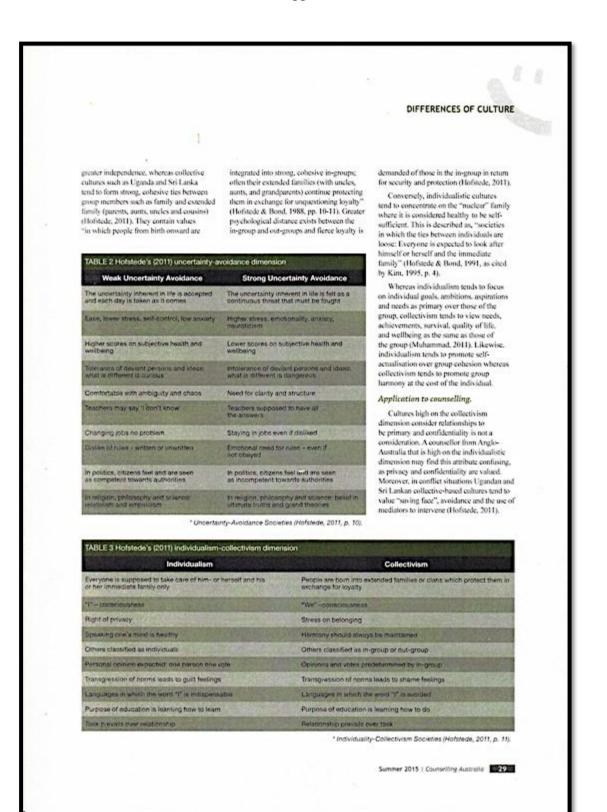
Individualism-Collectivism Dimension

Explanation of cultural construct.

The individualism-collectivis dimension in Hofstede's (2011) model refers to the degree to which societal members focus their allegiance on the self or the group. Despite an increase in globalisation over the past century these differences still appear to be significant and this is a significant consideration in counselling. Hofstede (2011) noted that wealthy cultures (such as Australia and the United States of America) tend to be individualistic, whereas developing countries (such as Uganda and Sri Lanka) tend to be collectivistic. Individualistic cultures such as Anglo-Australia tend to experience looser ties between individuals and exhibit

A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA **304** COUNSELLORS IN DEVELOPING COUNTRIES

Research Portfolio Appendix (Continued)



A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA **305** COUNSELLORS IN DEVELOPING COUNTRIES

Research Portfolio Appendix (Continued)

DIFFERENCES OF CULTURE

Conversely, counsellors from individualistic cultures such as Anglo-Australia tend to value self-expression, assertive strategies and speaking out as ways of resolving conflict (Hofstede, 2011). As a result, the Anglo-Australian counsellor may inadvertently experience "cultural bias" in the way they conduct the counselling process and conceptualise their client's difficulties. To avoid this cultural awareness is necessary. See Table 3.

Masculinity-Femininity Dimension

Explanation of cultural construct.

According to Hofstede (2011), high masculinity cultures such as Uganda and Sri Lanka tend to value behaviours such as assertiveness, ambition, achievement, competition, and the procurement of wealth, whereas high femininity cultures such as Anglo-Australia tend to value nurturing and supporting others, relational qualities, and quality of life seeking. High masculinity cultures tend to display well-defined expectations of male/female societal roles and behaviours and "there is often a taboo around this dimension" (Hofstede et al., 1998, as cited by Hofstede, 2011, p. 12). Sexual inequality is valued as a means of maintaining social harmony is high masculinity cultures such as Uganda and Sri Larka. Conversely, in high femininity cultures like Anglo-Australia there is a tendency to be less prescriptive and gender expectations are more indistinct and sometimes blurred.

Application to counselling.

There are several applications of the musculinity-femininity to counselling. Firstly, cross-gender counselling tends to be refuted in high musculinity cultures and even in modernte musculinity cultures such as Uganda and Sri Lanka that allow mixed groups, the expectation is that men speak first and often speak for the women. In relationship counselling the counsellor needs to monitor the tendency for the male to speak for the woman during sessious.

Secondly, some high mascalinity cultures demand certain protocols in areas such as dress codes and mixed gender groups. Protecting female modesty and chastity is viewed as paramount with some Islamic cultures requiring female covering for the entire body. Ugandans and Sri Lankares value modesty and women dress accordingly. An Anglo-Australian counsellor needs to be aware and sensitive to these cultural issues.

An Anglo-Australian counsellor tends to value gender equality and abhor sex discrimination. Gender equality and antidiscrimination is written into Australian laws through the Commonwealth Acts of 1986, Affirmative Action (Equal Employment Opportunity for Women and 1999, Equal Opportunity for Women in the Workplace. Formerly high on the masculinity dimension, Australian traditional patriarchal gender roles and expectations have shifted markedly during the last century. Women entered traditional male occupations and men began to perform domestic duties previously believed to be the exclusive domain of women. This has not yet occurred in the moderate masculinity cultures of Uganda and Sri Lanka. Thus, the Anglo-Australian counsellor needs to grapple with whether the shift in values towards more equality is an outcome of cultural evolution and whether the role of counsellor one of a cultural change agent in terms of structural inequality.

See Table 4.

Short-Term and Long-Term Orientation Dimension

Explanation of cultural construct.

Hofstede's (2011) short-term and long-term orientation dimension refers to whether the culture is focused on the present or the future. Using a questionnaire designed by Chinese scholars, Bond (Hofstede & Bond, 1988) studied 23 countries with a history of Confucianis and Confucian Work Dynamism was added as a fifth dimension (Hofstede et al., 2010) ranging from long term to orientation to short term orientation that explains the rapid economic growth experienced by many Asian countries. Confucian ethics tend to value, promote and foster primary attributes such as frugality, a shame motivation, perseverance, and respect for hierarchal chain of command, followed by lesser valued but important attributes of tradition and saving face (Hofstede et al., 2010). It was found that long-term oriented cultures are East Asian countries (including Sri Lanka), followed by Eastern and Central Europe, whereas medium-term orientated cultures are found in South Asian and North-European countries. Short-tenn oriented cultures are United States of America, Australia, Latin American, African (including Uganda) and Muslim countries (Hofstede et al., 2010).

ABLE 4 Hofstede's (2011) masculinity-femininity dimension		
Femininity	Masculinity	
Minimum emotional and social role differentiation between the genders	Maximum emotional and social role differentiation between the genders	
Men and women should be modest and coring	Men should be and women may be assertive and amplitious	
Balance between family and work	Work prevails over family	
Sympathy for the weak	Admiration for the strong	
Both fathers and mothers deal with facts and feelings	Fathers deal with facts, mothers with feetings	
Both boys and girls may cry but neither should fight	Girls bry, boys don't, boys should fight back, girls abouidn't fight	
Mothers decide on number of children	Fathers decide on family size	
Many women in elected political positions	Few women in elected political politions	
Religion focuses on tellow human beings	Religion focuses on God or gods	
Matter-of-fact attitudes about sexuality, sex is a way of relating	Moralistic attitudes about semietty; sex is a way of performing	

Masculinity-Femininity Societies (Hofstede, 2011, p. 12).

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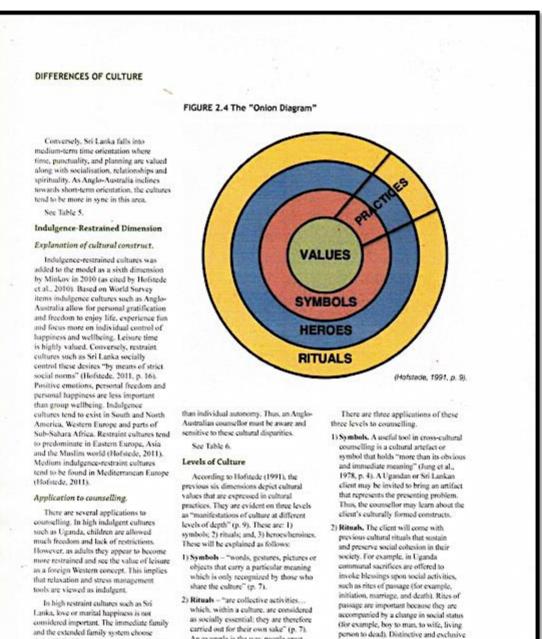
A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA **306** COUNSELLORS IN DEVELOPING COUNTRIES

Research Portfolio Appendix (Continued)

1			DIFFERENCES OF CULTURE		
	200000000000000000000000000000000000000				
Application to counselling. There are several implications of short- term and long-term orientations. According to Minkov (Hofsacde et al., 2010) Uganda falls into short-term time orientation culture, Anglo-Australian counsellors who economically value time may be irritated by a seeming lack of focus on	time in their client's. They may see this as irresponsible, demonstrating lack of care and concern. Lateness may be assumed to be disinterest, unconcern or rudeness. An Anglo-Australian counsellor may also have clear boundaries around session times and begin to bring the session to a close as the traditional hour booms on the horizon. However, a Ugandan client may		presume that leaving or closing down a personal encounter when the issue under discussion is unfinished indicates that time is more important than relationships. Clearly, tolerance, flexibility and adaptability are required to work cross-culturally between the different time-oriented cultures of Anglo- Australia and Uganda.		
TABLE 5 Hofstede's (2011) short-term and	long-term orier	station dimension	A CONTRACTOR OF THE CASE OF THE		
Short-Term Orientation		Long-Term Orientat			
Most important events in life occurred in the p	and or		in life will occur in the future		
take place now					
Personal steadness and stability: a good personal steady the same	onis	A goost person adapts	A good person adapts to the circumstances		
There are universal guidelines about what is go	ood and evil	What is good and evil d	What is good and evil depends upon the dissumstances		
Traditions are sacrosource		Traditions are adaptate	e In changed circumstances		
Family life guided by imperatives	2 AND 1020	Family life guided by sh	Family life guided by shared basks		
Supposed to be preud of one's country		Trying to learn from oth	Trystig to learn from other countries		
Service to others is an important goal	Statistics of	Thrift and perseverance	Thrift and perseverance are important goals		
Social spending and consumption	and the second second	Lorge savings quote, h	Lorge savings quote, funds available for investment		
Students attribute success and failure to luck		Students attribute success to effort and failure to lack of effort			
Size or no economic growth of poor equilities		Fast economic growth	of countries up till a level of prospenity		
	*5	hort-Term Orientation-Long-Ten	m Orientation Societies (Hofstede, 2011, p. 15).		
TABLE 6 Hofstede's (2011) indulgence-res	trained dimensio				
Indulgence		Restrained			
Higher percentage of people declaring themselves very happy					
A perception of personal the control		The second s	Fewer very happy people A proceeding of helpiesarens: what hisppens to me is not my pwn		
	The service process of the second of the control of		dring		
Freedom of sprech seen as important		Freedom of speech is m	Freedom of speech is not a primary concern		
Higher importance of langure		Lower importance of les	Lower importance of leave		
More likely to remember positive emotions		Less lively to remember	Lets likely to retrember positive emotions		
In countries with educated populationa, higher puttinates		In countries with educat	In countries with educated populations, lower birthrates		
More people actively involved in sports		Fewer people actively in	Fewer people actively involved in sports		
In countries with enough loost, higher percental conte people	ges dif	In countries with enough	In countries with enough lood, fewer opense people		
In wealthy countries, lectent sexual norms	n waalihy countries, lenient sexual norms		In wealthy countries, stricter sexual norms		
Mainfailing order in the nation is not given a hig	on priority	Higher number of police	officers per 100,000 population		
		* Indulgence	e-Restrained Societies (Hofsteda, 2011, p. 16).		

A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA 307 COUNSELLORS IN DEVELOPING COUNTRIES

Research Portfolio Appendix (Continued)



considered important. The immediate family and the extended family system choose their child's life partner, career and lifestyle. There is little self-determination. An Anglo-Australian counsellor from an indulgence culture may view this as oppressive and unmerited and speak against it, failing to understand that the primary goal of Sri Lankan society is social harmony rather

3) Heroes - those who serve as models for actions and behaviour (p. 7-8). Hofstede's (1991, p. 9) "onion

An example is the way people greet

each other.

diagram" is diagrammatically illustrated in Figure 2.4.

culturally bealing rituals in therapy. 3) Heroes. The Heroes Journey, by the American scholar, Joseph Campbell (1968) identifies an ancient wisdom namitive pattern where the hero or heroine embarks

tribal dances always accompany these ritualistic transitions. The culturally aware

courtsellor may invite the client to access

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A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA 308 COUNSELLORS IN DEVELOPING COUNTRIES

Research Portfolio Appendix (Continued)



for counselling clients from the cultures of Uganda and Sri Lanka. The counselling clinician has been provided with practical applications of the model and specific interventions. In addition, Hofstede's dimensions of culture has been discussed as representing values that are expressed in cultural practices evident on three levels: 1) symbols; 2) rituals; and, 3) heroes/heroines Each level has been applied to counselling

practice and possible interventions hav been provided for counselling practice.

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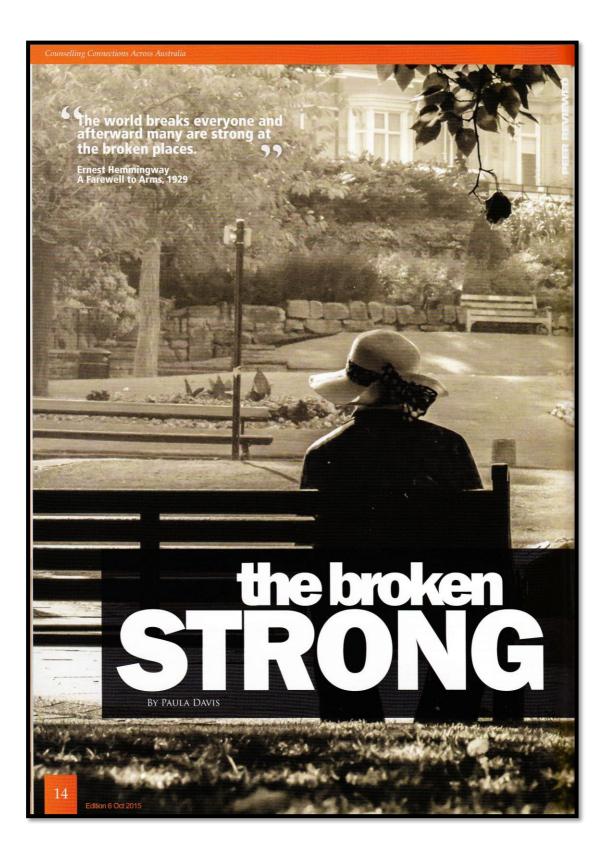
Hofstede, G. (1994), FSM 94: Values Survey Module 1994. Retrieved from http://stuwww.uvt.nl/~esmeets/~1st-VSM.html

Hofstede, G. (2011). Personalizing

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A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA 309 COUNSELLORS IN DEVELOPING COUNTRIES

Research Portfolio Appendix (Continued)



Research Portfolio Appendix (Continued)

insidious sore throat that silently invaded my body sending Tits throbbing potency into every fibre of my being. Not satisfied to invade only my throat, the virus traveled upwards to the lining of my brain. The throbbing intensified to become an unrelenting medical crisis.

After about five days of lying in a hospital bed I slowly began to emerge from the stupor of mind-numbing painkillers. Perhaps it was a reaction to the drugs, I could not tell but a wave of aloneness, fragility and heightened vulnerability washed over me. I ached to be home surrounded by family and close friends, to feel loved, nurtured, held and comforted. The intensity of my feelings startled me. My daughter later told a friend it was the first time I had indicated that I really needed her (a legacy of past difficult teenage wars). For a week I lay unable to move without searing pain. During this time I vividly perceive myself (helped by morphine) to be lying at the bottom of a deep, narrow pit looking up at the light. I sensed I would have to marshal every ounce of strength in order to scale the slippery walls to reach the elusive light. Ah! Such a familiar place!

American psychoanalyst Helen Flanders Dunbar's (1943; 1947) became famous in the 1940s and 1950s mostly for adding the term psychosomatic to popular usage. She argued that the symptoms of any illness were 'insight symbols'. She hypothesised that the reason a person suffers from a particular illness or accident at a certain time in his or her life is probably connected to their inner world. I mentioned this concept to my adult son who had recently dislocated his shoulder during a time of acute physical and emotional dislocation. I began to contemplate the metaphor that posed a link between my physical meningitis and meninaitis of my soul.

Interestingly, body-oriented therapeutic approaches propose that the body stores memories of pain (Ogden & Minton, 2006). An example is found in Kleinman's (1988) study that found that depressed Chinese clients oftentimes present with somatic symptoms rather than depression. Neurobiology asserts that the brain cannot process overwhelming traumatic events and the undischarged energy is stored in the body in the form of sensual memory (Fisher, 2009). When similar sensations are encountered in the present (such as a particular smell, colour or sound) the individual is flooded with associated memory and emotion. The body is thrust back to the time and place of the original trauma.

Body-oriented therapies recognise the importance of the body in healing trauma. They draw from somatic therapies, neuroscience, attachment theory, cognitive methods, and the Hakomi Method, initiated by Ron Kurtz (1990). Peter Levine's (1997) contribution, in his book, Waking the Tiger, involved the study of animals in the wild in order to identify the difference between traumatic responses in animals and how it relates to human trauma. Levine found that even though animals experienced continual threat they were not generally traumatised. Through his research he discovered that animals possess an innate ability "to literally "shake off" the consequences of life threatening encounters

ecently, I contracted viral meningitis. It began as an without lingering after-affects" (Levine & Kline, 2006, p. xxii). He began to wonder if humans possessed this same innate quality but somehow failed to use it by revoking it (Levine & Kline, 2006). Robert Scaer (2007, pp. 47-48) in his book, The Body Bears the Burden, summarises Levine's ideas as follows:

> Trauma is caused by the absence or suppression of a [body based] 'discharge' after recovery from the state of freeze immobility...If the discharge did not occur, all of the [body based] experiences of the threat will be stored in procedural memory as if the traumatic event were still present, and not a past memory/experience.

> From his research Levine (1997) developed an approach called Somatic Experiencing, advocating the necessity of parasympathetic completion. In other words, the individual must be enabled to progress from sympathetic activation that interprets body experiences as current reality, to regulation of the sympathetic activation. "The core of traumatic reaction is ultimately physiological, and it is at this level that healing begins" Levine (1997, p. 218).

> Subsequently, in the 1980s, Pat Ogden (Ogden, Minton & Pain, 2006) developed a body-oriented talking therapy called sensorimotor psychotherapy. Her work was enhanced by researchers who suggest that un-discharged trauma and grief is stored in the body and that there are no words to describe the traumatic experience (Nijenhuis, van Dyck, Spinhoven, van der Hart, Chatrou, Vanderlinden & Moene, 1999; Schore, 2003; Siegel, 2006, 2010, 2012; van der Kolk, 2006); van der Kolk & Fisler, 1995; van der Kolk, McFarlane & Weisaeth, 1996).

> The year before I contracted meningitis a series of severe disappointments rocked my world. Individually they were not especially overwhelming but when combined they led to profound inflammation of the soul. At the height of this attack of psychical and emotional meningitis, I worried I would never be able to return. It felt like something inside had irreparably broken. There was no medicine, no words and no cure that would ease the pain. I had to tough it out until the swelling subsided. Would body-oriented therapy have helped?

How do we recover from meningitis of the soul? Some soul wounds slice deep. The inflammation takes a long time to heal. When the heart is especially broken the grief is prolonged. I am prone to wondering lately what makes some people emerge from ordeals intact, strong even, while others retreat into the chaos of seething bitterness. Are challenges and trials really the enemy or could they be the doorways that open to inner strength? Does wisdom really grow from the depths of vulnerability? Is it just a cruel cliché to say that struggle builds resilience, deepens vision, transforms the spirit, develops patience and endurance, and renders us stronger and more passionate in living? How do we as therapists help others to realise this kind of strength in their broken places? I lean heavily towards the premise that our effectiveness in the helper role is inextricably intertwined with looking at how we answer these questions. Self-experience tends to enable us to more effectively counsel others.



A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA 311 COUNSELLORS IN DEVELOPING COUNTRIES

Research Portfolio Appendix (Continued)

of ease are forced out into the open when disaster strikes and require serious scrutiny. Life is tenuous. Illness, death, disappointment, betrayal, violence, addiction - any seismic upheaval or loss shatters our illusions of control. We are forced to confront the fact that we cannot control what matters to us most. Our imaginings of an easy life are shattered. Every time we enter the grieving process we are forced to let go of the hopes and dreams we have held and cherished. Our hopes are based on our current life and sometimes life events demolish the life we have known. It is no accident that the very first step in the Twelve Step Recovery Program (Alcoholics Anonymous World Services, Inc., 2002) is an attempt to convince an addict that they are powerless against forces they are incapable of controlling. How does one emerge stronger from unbearable loss?

Perhaps strength comes as a result of exercising our emotional muscle. Just like a physical muscle our emotional muscle becomes more flexible and resilient with use. It intrigues me to read articles written by American citizens struggling to adjust to their radically changed world in the aftermath of September 11. Stories emerge time and again suggesting that those who appear better able to confront this new terror are people who have weathered previous firestorms. They cope better than those who have never known uncertainty or been shaken by the volcanic underpinnings of life. They have learnt to appreciate life with less illusion. We call this resilience.

This makes sense in my work as a trauma counsellor. Years spent working with severe political and war violence in northern Uganda and northern Sri Lanka as a wounded healer (Nouwen, 1979), has changed my concept of resilience and posttraumatic growth. I continually witness how profound trauma shatters a person's self-concept and their sense of safety and control of their world (Fisher, 2009), Bruising shock catapults victims into the scandalising realisation that they are not exempt from trouble, pain and evil. There is no place to hide. Whatever unresolved traumas lie hidden beneath the survivor's consciousness become intrusive and urgent. In their vulnerable state they become cruelly suspended in liminal space stripped to emotional nakedness.

Yet many survivors of trauma and of life know that just staying alive and surviving is not enough. As therapists we know that to become strong in the broken places, a person must risk opening up to at least one other person and speak out loud about what has happened (Levine, 2010, Hoff, Hallisey, & Hoff, 2009; Mollica, 2006; Roberts, 2002; Rothschild, 2000; Ross, 2000; Schiraldi, 2009; van der Hart, Steele, & Nijenhuis, 2006; Williams, & Poijula, 2002). Perhaps this is the most difficult thing - to expose our physic wounds to another. What a privilege and responsibility it is as a therapist to be invited to enter the broken places of another soul and love them back to life.

Yet it appears to be a cruel paradox. How can strength come from brokenness? How can the bruised, broken and battered emerge stronger? In my Anglo-Australian culture I have been taught that to be broken is to be weak. For instance, at the funeral of

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One of the gifts of pain is that values taken for granted in times a loved one the grieving person is praised for being strong if they hold it together. Robust displays of emotions suggest loss of control and disintegration. We are taught to hide our wounds within a culture of individualism, mastery and control. Avoiding or denying uncertainty might be safer but no matter how we try to evade it, life will never become more predictable. How sad that we fail to realise where true strength lies - the courage to claw one's way out of the pit. A recent survivor of cancer alleged that strength lies not in the ability to stand up to anything, but the capacity to crawl on your belly a long, long way until you can stand up again. Another victim of debilitating disease affirmed that strength without knowing how brokenness feels is nothing but a house of cards.

> Let me tell you about Tom (not his real name). Tom was my client on and off for over three years. Tom was a broken man, although he did not know this when he first came to see me. He preferred to break other people. He regularly and predictably broke his wife and children's bodies and spirits. His wife wised up and left him. I walked with Tom through a messy divorce where he exerted every form of dirty manipulation and control at his disposal. Tom was aware only of his rage against a world that had betrayed him. I tried to be a mirror for his soul.

> Surprisingly, Tom kept coming back. He was not a man I warmed to and therapy was far from predictable. He vacillated from sudden rage against his family (and me) and anting to shoot us all (he kept guns in his house) to suicidal despair. Many days I wondered if this jilted, disturbed man would blow his family and himself away. It stretched my emotional reserves. Over time and Tom became aware of other emotions that fuelled his rage. He began to risk entering his chaotic inner world and we both wondered if he would survive the torturous journey. Tom had survived his life but what about his spirit? I began to ask myself why I continually chose to share the weight of this man's suffering.

> Like many tortured children Tom could not put the past behind him until he faced his memories head-on. Levine (2008) contends that a traumatic event does not need to be consciously remembered in order for healing to occur. In fact, "The mastery of trauma...is the process of finding ourselves a safe and gentle way of coming out of immobility without being overwhelmed" (Levine, 2008, p. 120). A traumatised individual like Tom experiences difficulty with regulation of the autonomic nervous system due to dominance of the sympathetic nervous system that is always 'online' producing flight, fight or freeze responses (Fisher, 2009, 2013; Levine, 2008; Ogden, Minton, & Pain, 2006; Ogden, Pain, & Fisher, 2006). The amygdala, already alert for danger, activates the body's arousal mechanisms to respond to perceived threat and ensure shortterm survival (Fisher, 2009; Ogden & Minton, 2000).

> I worked with Tom from a sensorimotor psychotherapy approach that contends that Tom could attain balance by purposeful activation of the parasympathetic nervous system that is primarily 'online' during times of rest and relaxation. By remembering his 'resources' associated with parasympathetic activation (significant others, places, experiences) he was able to practice

Research Portfolio Appendix (Continued)

Counselling Connections Across Australia

mindfulness, come into the present moment, focus on his internal and external resources and realise that mostly he was no longer in danger (Ogden & Pain, 2014). For Tom to allow himself this break calmed his autonomic nervous system and was the beginning of homeostasis and regulation where adrenaline slowly decreased, his heart rate slowed, breathing became deeper and digestion was activated. The more Tom practised the skill of 'resourcing', the more he could regulate himself when he experienced acute of chronic distress (Fisher, 2009, Ogden, Minton, & Pain, 2006).

Principles of treatment with Tom included regulation of arousal as a prerequisite to deeper work, using mindfulness and psychoeducation to keep the frontal lobes 'online' and identifying and focusing on procedural learning patterns that maintain trauma responses in the body (Fisher, 2013). Grigsby and Stevens (2000, p. 325, cited by Fisher, 2013) state that a therapist should, "Observe, rather than interpret, engage in activities that empathically, but directly disrupt what has been procedurally learned" and then use "experiments...to offer new options" (Fisher, 2009). This gradual healing process began to transform Tom's body and soul of the incapacitating, enduring symptoms of trauma.

Perhaps the most poignant moments were when Tom spoke quietly of the shame surrounding his degradation. Tom cried for the first time since his boyhood. He thought he would never be able to stop. I cried along with him, not just for Tom but also for the weight of suffering and evil that humans are prone to perpetrate on one another.

Tom did eventually stop crying and I bore witness to an amazing transformation. Increasingly, I was touched by glimpses of the man beneath the façade of guardedness and bitterness. Tom began to see the man he could become reflected in my face. Through painful honesty Tom began to connect with me, the only person with whom he had ever made any kind of real human contact. He told me later it was my belief in him that got him through even when he did not believe in himself. He said he was stunned that I did not back away from his perceived ugliness. He said I was "like Jesus with skin on." Now, a therapist could get high for a long time on that!

In my experiences with people like Tom, I have come to think that true strength is impossible without spiritual awareness. It was spiritual strength that kept me walking through the door each week to do battle with Tom's demons. It was spiritual strength that allowed Tom to become strong in the broken places of his heart. Tom came to the tragic realisation that even though he wielded his intimidating power he was truly powerless to change himself. In a moment of heart-breaking vulnerability and transcendence Tom admitted he was powerless to change himself and placed his life at the feet of God.

Ah...the breath-taking beauty of the broken strong! "The world breaks everyone," Hemingway once wrote, "and afterward many are strong at the broken places" (Hemingway, 1029). The pslamist declares, "God is our refuge and strength, a very present

help in trouble. Therefore we will not fear, even though the earth be removed and though the mountains be carried into the midst of the sea..." (Psalm 46:1-2, NKJV). This is not the half-hearted hope of a reluctant heart or about certainty or having all the answers. Strength in the face of crushing despair exists not in denial or external bravado but emanates from a resonance deep within the spirit where broken places reside. An old Scandinavian saying goes, "Faith is a bird that feels dawn breaking and sings while it is still dark." I want to grow that kind of strength. The Invitation, by Oriah (2006) captures the essence of strength in brokenness in the following excerpt:

It doesn't interest me where or what or with whom you have studied. I want to know what sustains you from the inside when all else falls away. I want to know if you can be alone with yourself, and if you truly like the company you keep in the empty moments.

I have discovered that life is so much bigger, wilder, more mysterious, and more terrifying than I imagined. Yet I have also discovered God is wiser than my dreams, plans and expectations. Life has led me into some unexpected sorrows and blessed me with unexpected joys. I have learned that sorrow and joy can coexist. I am stronger in the broken places. What continues to sustain me on the inside is an unshakable conviction of a good God who loves me. I reach toward greater strength that is rooted in goodness and is stronger than any darkness or evil.

I have not seen Tom for some time now, but I have heard that he is relishing his new found freedom. Last I heard he had reconnected with his children and secured a job driving the homeless and helpless to shelter, tenderly dispensing his hope to a jaded, captive audience. My meningitis has long since healed. The swelling in my head peacefully subsided as I submitted to my body's healing rhythms. The swelling in my soul took considerably longer to diminish. Perhaps my greatest learning was to surrender to trouble's lesson until it yielded its sweetest blessings. That is not to say the suffering was agreeable and I would love to say I will handle it less dramatically when life throws its wildness at me the next time around. I probably will not. I suspect I still have more strength to grow but for now, I continue to remain one of life's broken strong!

Paula Davis. Paula has worked as a senior lecturer and adjunct lecturer in counselling education. She is an experienced trauma counsellor and educator. Her career has included gambling counselling, counselling for Employee Assistance Programs, organisational consultancy, clinical counselling, clinical supervision, and counsellor training. She regularly travels to Africa, Sri Lanka and India to train counsellors and counsel trauma survivors. She is regularly an honorary guest lecturer at Uganda Christian University.

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A CULTURALLY RESPONSIVE EDUCATION PROGRAM FOR TRAUMA **313** COUNSELLORS IN DEVELOPING COUNTRIES

Research Portfolio Appendix (Continued)

